DOCUMENT RESUME

ED 475 972 PS 031 239

AUTHOR	Geoghegan, Tracy
TITLE	State of the World's Mothers, 2003: Protecting Women and Children in War and Conflict.
INSTITUTION	Save the Children, Westport, CT.
SPONS AGENCY	David and Lucile Packard Foundation, Los Altos, CA.
ISBN	ISBN-1-888393-15-7
PUB DATE	2003-05-00
NOTE	56p.; For 2002 report, see ED 466 293. Additional support provided by Marie Claire magazine, DKNY, the United Nations Foundation and the Fashion Accessories Benefit Ball (FABB).
AVAILABLE FROM	Save the Children, Department of Public Affairs and Communication, 54 Wilton Road, Westport, CT 06880. Tel: 800-728-3843 (Toll Free); Tel: 203-221-4000; Fax: 203-226-6709; e-mail: savemothers@savechildren.org. Web site: http://www.savethechildren.org. For full text: http://www.savethechildren.org/mothers/sowm2003/ index.shtml.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	EDRS Price MF01/PC03 Plus Postage.
DESCRIPTORS	Change Strategies; Childhood Needs; *Children; Developed Nations; Developing Nations; Females; Foreign Countries; Government Role; *Mothers; Nongovernmental Organizations; Quality of Life; Refugees; Social Indicators; Statistical Analysis; Tables (Data); Violence; *War; *Well Being
IDENTIFIERS	Indicators; Parent Needs; Traumas

ABSTRACT

In commemoration of Mother's Day, Save the Children has published its fourth annual report focusing on the tens of millions of mothers and children whose lives have been disrupted by war and armed conflict and suggesting actions required to support women who are raising the children under horrific conditions and to shield children from the most brutal excesses of war. The report highlights the first-ever "Conflict Protection Scorecard," which analyzes 40 of today's brutal conflicts against six areas of protection, which include protection from military recruitment of children, separation from family, and trafficking of women and children for prostitution. Findings reported include the following: (1) the Scorecard finds widespread violations of women's and children's human rights in every conflict zone and in every region of the world; (2) the Scorecard identifies Afghanistan, Angola, Burundi, Democratic Republic of Congo, and Sierra Leone as five of the worst conflict zones for women and children; (3) each of the six protection needs was prevalent across the conflicts analyzed; and (4) regardless of the cause, type, or location of conflict, protection needs were generally consistent, suggesting that humanitarian agencies can anticipate human rights abuses in times of armed conflict and take concrete measures to be proactive. Recommendations for addressing protection needs include the following: (1) governments and international organizations must make more resources available to nongovernmental organizations responding to conflicts where the protection needs of women and children are the greatest; (2) because protection from psychological trauma is the most widespread need in conflict zones, and the level of response falls far short of need, governments and international organizations must make more resources available for programs to protect women and children from such harm, and to restore emotional well-being to those traumatized; and (3) existing early

Reproductions supplied by EDRS are the best that can be made
from the original document.

warning systems and humanitarian response priorities must be improved to better target the specific protection needs of women and children at the earliest possible stages of conflict. The report also includes the fourth annual Mother's Index, comparing the well-being of mothers and children in over 100 countries, along with explanations of the research methodology and indicators used. (Contains 49 endnotes.) (HTH)

Reproductions supplied by EDRS are the best that can be made
from the original document.

State of the *World's Mothers* 2003

Save the Children.

Protecting Women and Children in War and Conflict

ED 475 972

PS 031239

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

AmyJo Dowd

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

1

2

BEST COPY AVAILABLE

Contents

Letter from the President 2

Foreword by Kim Phuc 3

Executive Summary 4

Wars Against Women and Children:
The Ones You Know About and the Ones You Don't 8

Conflict Protection Scorecard:
A Powerful Tool to Prevent Human Suffering 12

Protecting the
Women and Children of Iraq 26

Take Action Now:
Join Our One World, One Wish Campaign 27

Appendix:
The Complete Mothers' Index & Country Rankings 32

Endnotes 44

Save the Children.

Save the Children is a leading international nonprofit children's relief and development organization working in more than 40 countries, including the United States. Our mission is to create positive and lasting change in the lives of children in need. Save the Children is a member of the International Save the Children Alliance, comprising more than 29 independent Save the Children national organizations working in more than 120 countries to ensure the well-being of children everywhere.

State of the World's Mothers 2003 was published with generous support from the David and Lucile Packard Foundation, *Marie Claire* magazine, DKNY, the United Nations Foundation and the Fashion Accessories Benefit Ball (FABB).

® Save the Children, May 2003

ISBN 1-888393-15-7

The women's and children's stories in this report are real but some names have been changed to protect identities.

BEST COPY AVAILABLE

Protecting Women and Children *in War and Conflict*

In commemoration of Mother's Day, Save the Children is publishing its fourth annual *State of the World's Mothers* report. By focusing on the tens of millions of mothers and children whose lives have been disrupted by war and armed conflict, this report helps to bring attention to the critical protection needs in war-torn communities around the world. It also suggests actions required to support women who are raising the world's future generations under the most horrific conditions imaginable, and to shield children from the most brutal excesses of war.

4

BEST COPY AVAILABLE

Letter *from the President*

Save the Children's fourth annual *State of the World's Mothers* report comes at a time when the implications of war are being felt very acutely. Every day we hear about the tragic consequences of conflicts between nations, and about civil strife within nations. Old cycles of hatred, revenge and retribution continue. New tensions threaten to boil over into violence that will shatter the lives of millions more children and their families.

It goes without saying that war and armed conflict bring widespread misery to all segments of a society. The violence of conflict interrupts a child's healthy growth and development, and a mother's ability to care for herself and her family. In more severe cases, war brings extreme forms of suffering to women and children, including injury, sexual assault, exploitation and death.

The focus of this year's report is on those severe cases – the increasingly common atrocities of war – and what must be done about them.

We have seen, in our seven decades of work on the humanitarian front lines, an alarming rise in brutality against women and children. This report takes an in-depth look at 40 places where war and conflict are currently raging and finds deliberate and systematic targeting of women and children in all of them. Too little is known about many of these conflict zones, and far too little is being done to protect women and children, and to stop future abuses.

The good news is that Save the Children has developed a number of strategies and programs to address these gaps in awareness and action. Our *One World, One Wish* campaign is providing ways for policymakers, donors, nonprofit organizations, members of the media and individuals to get involved and make critically needed changes in the way the world responds to war. The campaign is working to enact new legislation – the *Women and Children in Armed Conflict Protection Act of 2003* – to make sure that in every conflict our government assesses the protection needs of women and children, and has a strategy and money to address those needs at the community level. The campaign is also rigorously improving existing protection responses by investing private resources in six countries where women's and children's needs are great.

Everyone has a part to play in this important initiative. Please read the Call to Action in this report, and visit our website for regular updates. You can also contribute to our *One World, One Wish* efforts by phone or online – (800) 728-3843 or www.savechildren.org

With greater attention to the protection needs of women and children, along with increased commitment to proven solutions, we can dramatically reduce the suffering of women and children caught up in war's destruction and brutality. On behalf of the children and women we serve, thank you for your commitment.

Charles F. MacCormack
President and CEO
Save the Children

BEST COPY AVAILABLE

Foreword: *Mother's Day 2003*

I am the little girl in the picture. I was nine years old and running down the road to escape the napalm fire in Vietnam. My life was changed forever that day, in ways no one could have ever predicted. I had burns over most of my body and was not expected to live. After 14 long months in the hospital and 17 surgeries, I was finally able to go home.

My body was slow to heal, but my spirit was even slower. I prayed a lot. I spent my time reading about religions, but nobody could ease my suffering. Eventually, I realized that it was the fire of the bomb that burned my body and the skill of the doctors that mended my skin, but it took the power of God's love to heal my heart. I let the feeling of forgiveness grow in my heart until a great inner peace came over me.

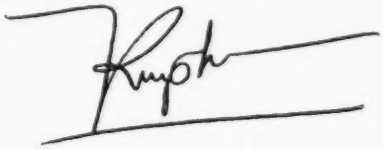
Today, I want to encourage people to love and help one another. We need to learn how to become more tolerant, how to look at the individual, to listen, to help others instead of getting carried away by anger and hatred, which give rise to revenge and violence.

My organization – the Kim Foundation – has partnered with Save the Children to do this in East Timor. The people there, especially women and children, have suffered many of the atrocities described in this *State of the World's Mothers* report – rape, massacres and being forced to flee their homes. We worked with Save the Children to help 100,000 children to stay safe and to heal emotionally. We also encouraged parents to support each other and to meet their children's needs.

War causes profound suffering. That is why I show the little girl in the picture. Because she tells my story and the

consequences that war has had on my life. No mother or father in the world wants what happened in that picture to happen again.

I want to give people a new way of looking at my picture. It is not a cry of pain but a cry for love, peace and forgiveness.



Kim Phuc

Executive *Summary*

More than 40 conflicts are now being waged around the world, and the majority of those who are injured, displaced, traumatized and killed are mothers and children.

Experts have become adept over the years – aided by first-hand knowledge, new research and advances in technology – at predicting where and how armed conflict is likely to erupt, often with chilling accuracy. But early knowledge of impending emergency often does not lead to early action. Prior to the tragedies in Kosovo, Rwanda and Somalia, for example, there was awareness in humanitarian circles that violence and misery on a horrific scale was about to be unleashed. But there was not broad *public* awareness of the coming catastrophes, nor were there sufficient political will and funding to protect innocent civilians.

This year's *State of the World's Mothers* report aims to do something about these gaps in awareness, commitment and action. The first-ever *Conflict Protection Scorecard* analyzes 40 of today's brutal conflicts and tells where the safety and security of mothers and children are most at risk. It grades the conflict zones in terms of how well women's and children's protection needs are being addressed and shows where the unmet needs are greatest.

What do we mean when we say "protection"? At the most fundamental level, protection activities restore respect for human dignity. The best protection measures prevent violence and abuse from happening in the first place. If this is not possible, they rehabilitate those who have suffered and punish those who commit crimes against humanity.

The *Scorecard* looks at six critical types of protection needed by women, girls and boys in war zones:

- Protection from sexual violence and physical harm
- Protection from trafficking and prostitution
- Protection of children from military recruitment
- Protection from psychological trauma
- Protection from family separation
- Protection of displaced women and children in refugee and displaced person camps

The *Scorecard* also measures how well the world community is responding to these needs by checking each protection need against a roster of *Response Options* and determining to what degree these solutions are in place. The *Response Options* are a set of successful strategies and programs that have worked in armed conflicts in recent years to lessen existing suffering and prevent anticipated abuses against mothers and children.

Key Findings

1. *The Conflict Protection Scorecard finds widespread violations of women's and children's human rights in every conflict zone and in every region of the world.* Violence and abuse of civilians are commonplace in today's wars – they are not an aberration. In all 40 conflict zones, women and children endure a torturous existence. Too little is known about the rising levels of human suffering in these places, and too little is being done to protect women and children from war-related violence, exploitation and abuse.

2. *The Scorecard identifies Afghanistan, Angola, Burundi, Democratic Republic of the Congo and Sierra Leone as five of the worst conflict zones in which to be a woman or child.* Women and children in these countries endure terrible suffering as a result of armed conflict and insecurity. An estimated 4 million women and 6 million children under 15 are imperiled by war in these five countries alone. The global response has been inadequate to mitigate widespread human misery.

3. *Even before the outbreak of war in March 2003, Iraq's women and children were facing very severe risks and unmet protection needs – these risks have now risen.* As *State of the*

World's Mothers 2003 went to press, there were reports of heightened psychological distress among Iraqi civilians, people fleeing their homes, children separated from parents, boys forced into combat, and increasing numbers of women and children dying due to violence and worsening humanitarian conditions. *Scorecard* research indicates that Iraqi women and children will require protection in all six critical areas. The earlier that protection is provided, the greater the likelihood that we can prevent suffering, injury and death among innocent civilians.

4. *Each of the six protection needs was prevalent across the conflicts analyzed.* No country or area was immune.

- The use of child soldiers was reported in more than 70 percent of conflict zones studied. Worldwide, an estimated 300,000 children under the age of 18 serve in armed forces and guerilla groups.[1]
- Separation of children from their parents was reported in more than 70 percent of conflict zones studied. In Sierra Leone, an estimated 4,500 children were abducted during the invasion of the capital, Freetown. Sixty percent of those abducted were girls, most of whom suffered repeated sexual violence.[2]
- Trafficking of women and girls was reported in 85 percent of the conflict zones. Violence against women and children was reported in over 95 percent of conflict zones. All regions of the world – including East Asia and the Pacific, North Africa, the Middle East, South Asia, sub-Saharan Africa and Central and Eastern Europe (including the Commonwealth of Independent States and Baltic States), Latin America and the Caribbean – have documented cases of trafficking.
- Urgent protection needs for refugee and internally displaced persons were reported in 95 percent of conflict zones. These needs include protection from physical violence and gender-based violence in camps, psychosocial support for women and children who have been raped, abducted, or suffered other trauma as a result of conflict, and health services that meet the specific needs of women, children and adolescents. It is estimated that 25 percent of refugees and internally displaced persons are women of reproductive age, and one in five is likely to be pregnant.[3]

5. *The need for protection from psychological trauma was the most widespread, yet the level of response was not equal to the need.* Indeed, of the 40 conflicts analyzed, all reported harmful psychological impacts on women and children, and nearly two-thirds reported extreme or widespread effects. Protection from, and treatment of, psychological trauma was one of the greatest protection needs in all geographic regions.

6. *Regardless of the cause, type or location of conflict, protection needs were generally consistent, suggesting that humanitarian agencies can anticipate human rights abuses in times of armed conflict and take concrete measures to be proactive.* For example, the need for psychological protection is one of the highest-ranked needs in all geographic regions. The protection of refugees and internally displaced persons is also a pervasive need in most regions. Prevention of, and treatment for, gender-based violence, is also an important need, which is likely to grow as awareness and culturally sensitive reporting and response options continue to be developed.

7. *Trafficking is a regional phenomenon, concentrated in East Asia and Pacific region and in Central and Eastern Europe.* It is also common in South Asia, and exists to a lesser degree in other regions.

8. *The world community has demonstrated a humane and compassionate response to the profound human suffering engendered by war and conflict. Of the 40 conflicts analyzed, 90 percent have involved humanitarian relief efforts; however protection needs have not been adequately addressed.* On a global level, response efforts have addressed a broad range of human needs. However, much of this response focuses on the biological requirements of survival and immediate treatment for the worst ravages of armed conflict in settings where little distinction is made between soldier and civilian. Governments and humanitarian agencies have not made sufficient funding available to address the growing protection needs of women and children in today's especially brutal armed conflicts.

BEST COPY AVAILABLE

9. *While the wars of today harm innocent civilians in alarming ways, more women and children die from malnutrition, preventable diseases and complications of childbirth during conflict than die as a direct result of fighting.* The *Mothers' Index* helps document the poor nutrition and health status of mothers and children in war-affected areas. Countries in conflict dominate the lower rankings of the *Index*. There are 7 conflict countries in the bottom 10, and 13 in the bottom 20.

Recommendations

The key findings point to specific interventions and investments that can make a critical difference in the lives of women and children caught in conflict zones around the world:

- Congress should pass and President Bush should sign into law the *Women and Children in Armed Conflict Protection Act of 2003*. This new legislation would set aside $45 million in funds so the U.S. government agencies that provide humanitarian assistance during war and conflict will include a women and children's protection component every time they give emergency help. See page 31.
- Governments and international organizations must make more resources available to nongovernmental organizations (NGOs) responding to conflicts where the protection needs of women and children are greatest. These include: Afghanistan, Angola, Burundi, Democratic Republic of the Congo, Guinea, Indonesia, Iraq, Nepal, Sierra Leone, and the West Bank and Gaza.
- Because protection from psychological trauma is the most widespread need in conflict zones, and the level of response falls far short of the need, governments and international organizations must make more resources available for programs to protect women and children from psychological harm, and to restore the emotional well-being of those traumatized by war.
- Existing early warning systems and humanitarian response priorities must be improved to better target the specific protection needs of women and children at the earliest possible stage of a conflict. Partnerships between academic institutions and relief organizations should be strengthened in order to collect better data related to women's and children's specific protection needs, and to regularly assess the degree to which these needs are, or are not, being met.
- Recognizing women's vulnerability to sexual abuse in times of war, and the virtual certainty that large numbers of women will be pregnant during periods of conflict and in refugee camps, it is essential that they have access to quality reproductive health and family planning services. From the earliest phases of a refugee emergency, relief organizations should make these services available in camps. And in areas of active conflict, "Days of Tranquility" should be organized to allow health workers to go into communities and offer women immunization against neonatal tetanus, education and tools for clean childbirth, education about family planning and access to modern contraceptives.

The 2003 *Mothers' Index:*

Sweden Tops List, Niger Ranks Last and United States Places 11th

Save the Children's fourth annual *Mothers' Index* compares the well-being of mothers and children in 117 countries, 43 of which are either currently experiencing conflict or have recently emerged from conflict. The *Index* uses six indicators measuring the status of women: lifetime risk of maternal mortality, use of modern contraception, births attended by trained personnel, prevalence of anemia among pregnant women, female literacy, and participation of women in national government; and four indicators covering the well-being of children: infant mortality, nutritional status, primary school enrollment and access to safe water.

The *Mothers' Index* also provides information on an additional 51 countries for which sufficient data existed to present findings on women's indicators or children's indicators, but not both. When these are included, the total comes to 168 countries, 52 of which are either currently in conflict or recently post-conflict. Because armed hostilities are often chronic and cyclical in nature – and the damage war does to families and communities lasts for years after guns have been put down – the *Mothers' Index* does not distinguish between "in-conflict" and "post-conflict" countries.

Sweden, Denmark and Norway top the rankings this year. The top 10 countries, in general, attain very high scores for mothers' and children's health and educational status. The 10 bottom-ranked countries are a reverse image of the top 10, performing poorly on all indicators. The United States places 11th this year.

Countries in conflict dominate the lower rankings of the *Mothers' Index*. There are 7 conflict countries in the bottom 10, and 13 in the bottom 20. There are no countries in conflict in the top 20.

The gap in availability of maternal and child health services is especially dramatic when comparing Sweden and Niger, the top- and bottom-ranked countries. In Sweden, trained personnel attend virtually all births, 72 percent of women use modern contraception and only 3 out of 1,000 infants die before their first birthday. Conversely, in Niger, only 16 percent of births are attended by trained health personnel, 4 percent of women use modern contraception, and 156 infants out of 1,000 die. In addition, the lifetime risk of a woman dying in childbirth is over 600 times greater in Niger than in Sweden.

Zeroing in on the children's well-being portion of the *Mothers' Index*, Afghanistan finishes in last place, behind 162 other countries. There, 165 infants of every 1,000 die before their first birthday, 71 percent of children are not enrolled in school, 87 percent of the population is without safe water, and 25 percent of children are suffering from moderate or severe malnutrition (underweight for height). The situation for Afghan mothers is equally dismal: 96 percent of women are not using modern contraception, 92 percent of all babies are delivered without trained health personnel, and one in 7 mothers dies in childbirth during their lifetime.

These statistics go far beyond mere numbers. The human despair and lost opportunities represented in these numbers demand mothers everywhere be given the basic tools they need to break the cycle of poverty and improve the quality of life for themselves, their children, and for generations to come.

See Appendix for the *Complete Mothers' Index*.

10

Wars Against *Women and Children:*

The Ones You Know About and the Ones You Don't

Last year's *State of the World's Mothers* report documented the suffering of women, girls and boys in some of the most pernicious modern-day conflicts: children who witnessed unspeakable acts of violence in Rwanda, women and girls as young as 7 raped in the former Yugoslavia, boys and girls forced into military servitude in Myanmar and Afghanistan.

War is not what it used to be. Its horrors are no longer experienced primarily by soldiers fighting on far-off battlefields. Today's conflicts happen where people live. In fact, close to 90 percent of war casualties now are civilians – the majority of whom are women and children. That compares to 5 percent a century ago.

Today, the world's attention is focused on conflicts in the Middle East. Desperate needs in Afghanistan – last year's headliner hot spot – are beginning to fade from view, though the challenges in that country are far from being met. But while concern for the victims of high-profile wars has been heartening, a number of equally devastating "hidden" conflicts have been raging in other parts of the globe, forcing countless women and children to witness and endure horrific acts of violence.

- In Sierra Leone, there is massive suffering due to one of the most brutal conflicts in modern history. Many girls and women have been raped; there is widespread use of child soldiers, and physical mutilation is inflicted as a form of terror.
- In Indonesia, prolonged violence scattered throughout the islands has shattered family and village life, leaving tens of thousands of mothers and children in psychological distress. Many have become accustomed to seeing the most gruesome kinds of bloodshed. Children have been orphaned or separated from their parents, leaving them vulnerable to economic exploitation as well as physical and psychological violence. Widespread rape and sexual harassment have led to profound suffering among women and girls, most of whom do not get psychological help.
- In Burundi, women and children have suffered extreme physical and psychological trauma. Civilian massacres are on the rise. Rebels attack villages, looting homes, stealing livestock, destroying crops and public infrastructure. Government troops and rebel soldiers terrorize communities by raping women and girls. And children are forcibly recruited.

In fact, millions of women and children are caught in more than 40 conflicts around the world. Civil wars in Sudan and Sri Lanka have been raging for decades, with devastating consequences. Violence in Colombia is on the rise, affecting civilians in urban and rural areas. Fighting in Chechnya threatens displaced women and children who have no safe place to go.

So, what is being done to protect women and children from the worst atrocities of war? Is the international community paying attention to this suffering? Are steps being taken to prevent violence, exploitation and abuse? And for those who have been injured and traumatized, is help available?

Tragically, the simple answer is that not nearly enough is being done. Women and children are suffering in conflicts large and small, across the world, in places very few people hear about. There are not good systems in place to identify threats to women's and children's security and to do something before it is too late. And there are not good tools to measure the world's response to these crises, and to hold

BEST COPY AVAILABLE

governments accountable for misery inflicted on innocent civilians.

To address these gaps in awareness and action, Save the Children is working on three fronts:

- First, we have devised a new *Conflict Protection Scorecard* that analyzes 40 conflict zones and tells the world where mothers and children are most at risk – of sexual violence and physical harm, trafficking and prostitution, military recruitment, psychological trauma, family separation and abuses in camp settings. The *Scorecard* ranks the world's armed conflicts in terms of how well protection concerns are being addressed and where the unmet needs are greatest. It also links protection needs with proven solutions that have worked in some of the world's most grisly conflicts in recent years.

- Second, Save the Children has launched the *One World, One Wish* campaign to raise public awareness, action and support for programs and policies that will help reduce the impact of armed conflict on women and children. As part of this effort, we are working in partnership with lawmakers in Washington, D.C. and humanitarian organizations around the world to enact new legislation – the *Women and Children in Armed Conflict Protection Act of 2003* – that would set aside new funding for initiatives to prevent, detect, and respond to gender-based violence and exploitation of children in war and armed conflict.

- Third, we are working on the ground in conflict-torn communities to protect women and children from abuse and exploitation. We are rigorously improving and expanding existing protection programs by investing private resources in six target areas where women's and children's needs are great – Afghanistan, Guinea, Indonesia, Iraq, Nepal, and the West Bank and Gaza.

State of the World's Mothers 2003 builds on past Save the Children research showing that one of the most effective ways to protect the well-being of children is to invest in mothers, even during times of conflict. With support, under the most difficult conditions, mothers find ways to protect and provide for their children. Without support, mothers and children can be forced to make desperate choices, such as trading their bodies for food, or sending a young child into combat to protect the family from retaliation.

The Horrors *of War*

Our fourth annual *Mothers' Index* suggests some of the ways that mothers can be empowered to do more for their children, both in wartime and in times of peace. The *Mothers' Index* compares the well-being of mothers and children in 117 countries, 43 of which are either currently experiencing conflict or have recently emerged from conflict. It shows that in countries where mothers fare well, children also tend do well. And in countries where mothers are suffering – many of them countries in conflict – children also suffer terribly. Seven of the bottom 10 countries on the *Index*, and 13 of the bottom 20, are in conflict or post-conflict situations.

While the search continues for more effective ways to prevent war and promote peace, the international community can do more to reverse current trends and alleviate human suffering in conflicts that are already raging, as well as those that are likely to erupt soon. To reduce the suffering of mothers and children in today's turbulent world, and lessen the likelihood that violence will breed more violence, an entirely new approach to humanitarian response must be developed and promoted. Major strides can be made by improving our protection monitoring systems and putting existing solutions into general practice. With the support of national decision makers, community leaders and humanitarian agencies, much more can be done to help women and children caught in the crossfire.

At the turn of the 20th century, only 5 percent of war casualties were civilians. Today, that number is close to 90 percent – the majority of whom are women and children.[4]

In the past decade, more than 2 million children were killed during wartime, more than 4 million survived physical mutilation, and more than 1 million were orphaned or separated from their families as a result of war.[5]

At the start of 2002, roughly one out of every 300 persons on earth was a refugee, asylum seeker or returnee.[6]

After the genocide in Rwanda, 70 percent of the remaining population was female and more than half of the mothers were widows.[7]

Sri Lanka, which has endured 20 years of civil war, has one of highest suicide rates in the world. In displaced person camps, the suicide rate is nearly three times higher.[8]

From 1990-2000, girls under 18 participated in armed conflicts in at least 39 countries.[9]

In Sierra Leone, 94 percent of displaced families surveyed had experienced sexual assaults, including rape, torture and sexual slavery.[10]

In Nepal, Maoist insurgents are using children as young as 10 as porters, spies, informants and bomb planters, while children 13 years and older are recruited as combatants. In their attempt to gain information, military and police personnel have tortured children whose parents are suspected of being Maoists.[11]

BEST COPY AVAILABLE

Conflict Protection *Scorecard:*

A Powerful Tool to Prevent Human Suffering

The *Conflict Protection Scorecard* looks at six protection needs identified as critical to the well-being of women, girls and boys in conflict zones. They are: protection from sexual violence and physical harm, trafficking and prostitution, military recruitment, psychological trauma, family separation and abuses in camp settings.

The *Scorecard* also measures how well the world community is responding to these needs by checking each protection need against a roster of *Response Options* and determining to what degree these solutions are in place. The *Response Options* are a set of successful strategies and programs that have worked in armed conflicts in recent years to lessen existing suffering and prevent abuses against mothers and children.

Of the 40 conflict zones graded, scores ranged from -96 for Democratic Republic of the Congo and Sierra Leone (where women and children face the most severe risks of brutality and violence) to -27 for Israel (where protection needs are still severe, but less widespread).

What do we mean when we say "protection"? At the most fundamental level, protection activities restore respect for human dignity. The best protection measures prevent violence and abuse from happening in the first place. If this is not possible, they rehabilitate those who have suffered and punish those who commit crimes against humanity.

To protect the tens of millions of mothers and their children facing dangerous and dehumanizing conditions in conflict zones around the world, Save the Children has devised a first-ever *Conflict Protection Scorecard.* Its purpose is to raise awareness of the human suffering during conflicts, change the way the global community thinks about these crises, and – most importantly – improve how it responds to them. The *Scorecard* analyzes 40 of today's most brutal conflicts and shows where the safety and security of mothers and children are most at risk. The *Scorecard*:

- Calls attention to desperately needed safeguards for women and children during conflict, and
- Provides a new tool so governments and humanitarian organizations can better *plan* to meet those needs, *prepare* themselves with proven solutions, and *protect* mothers and children at the earliest stage possible from the worst excesses of conflict.

The *Scorecard* looks at six protection needs identified as critical to the well-being of women, girls and boys in conflict zones. They are: protection from sexual violence and physical harm, trafficking and prostitution, military recruitment, psychological trauma, family separation and abuses in camp settings.

The *Scorecard* also measures how well the world community is responding to these needs by checking each protection need against a roster of *Response Options* and determining to what degree these solutions are in place. The *Response Options* are a set of successful strategies and programs that have worked in armed conflicts in recent years to lessen existing suffering and prevent abuses against mothers and children.

The *Scorecard* gives grades to each conflict zone, telling us how well women's and children's protection needs are being addressed and where the unmet needs are greatest. This system provides a powerful, action-oriented tool to help policymakers and humanitarian organizations diagnose the specific vulnerabilities of mothers and children in conflict-prone areas, to implement appropriate community-level protection responses, and then to monitor what is working and what more may be needed.

Of the 40 conflict zones graded, scores ranged from -96 for Democratic Republic of the Congo and Sierra Leone (where women and children face the most severe risks of brutality and violence) to -27 for Israel (where protection needs are still severe, but less widespread). See page 21 for the *Scorecard.*

Six Critical Protection Needs of *Women and Children in Conflict*

The *Conflict Protection Scorecard* and *Response Options* are built around six critical "protection needs" of women and children during armed conflict. Abuses and suffering in each of these areas are widespread, in all conflicts, and in all regions of the world:

Protection from sexual violence and physical harm

"From Pweto down near the Zambian border right up to Aru on the Sudan/Uganda border, it's a black hole where no one is safe and where no outsider goes. Women take a risk when they go out to the fields or on a road to a market. Any day they can be stripped naked, humiliated and raped in public. Many, many people no longer sleep at home, though sleeping in the bush is equally unsafe. Every night there is another village attacked, burned and emptied. It could be any group, no one knows, but always they take the women and girls away." – United Nations official in Democratic Republic of the Congo[12]

Certain dangers of war are well known. Guns and bombs can end a life or tear off a limb at any moment. The rise of house-to-house combat and guerilla tactics in modern warfare makes it more likely now that the victim will be a woman or a child. A mother may get caught in a gun battle on her way to visit relatives. Boys and girls may be shot while they are walking to school. Or they may step on a land mine while helping with household chores or playing outside.

But there are other, less well-known forms of violence in wartime, and these have reached epidemic proportions. Women's and girls' bodies become battlegrounds soldiers use when they rape and force pregnancy as a form of ethnic cleansing. Girls are abducted and forced to stay with soldiers as sexual slaves. Families in refugee camps barter women's and children's bodies to get desperately needed food and assistance. Boys, because of their strength and small size, are pressed into dangerous work in militias and into exploitative labor. And within the family, mothers, girls and boys are beaten, or become incest victims, when frustration, fear and anger boil over into violence.

Protection from trafficking and prostitution

"My mother died when I was very small and my father worked as a laborer on other people's farms. At the age of 16, I was lured by my neighbor into a good job. Feeling the pressure and hard times faced by my family and myself, I was very pleased to receive this opportunity. I didn't realize that my faith would land me into the brothels of Bombay. I spent the hell of my life for one year there. Then I was sold to a brothel in Calcutta. I spent three-and-a-half years there, and it was more bitter than ever. I'm happy that I was rescued, but now I've started thinking who will rescue all those Nepalese who are still in the brothels in many parts of India? I'm worried for those sisters and request the stop of such evil practices in the society." – Sita, 23-year-old former prostitute from Nepal[13]

"I was eleven when the rebels attacked our town in Liberia. I got separated from my parents and was captured. I stayed with the rebels for four years. Seven men raped me at the same time and I was forced to pick up arms. I have one child of the rebels – I don't know exactly which one the father is. I escaped and went to Guinea. I had no caretaker and started to work as a 'hotel girl' (prostitute). I thank Save the Children protection workers for having identified me and offering me skill training." – Florence, 18-year-old girl living in a refugee camp in Guinea[14]

Trafficking and prostitution become more commonplace in areas where conflict strips away economic opportunities at the same time that law and order break down. Women are trafficked out of one country and into another – often lured by the promise of legitimate work – then are sold to pimps or brothels and forced into prostitution or sexual slavery. Women who remain home with their families, or who flee to refugee camps, also often find they have no choice but to sell their bodies in order to provide food for their children.

Protection of children from military recruitment

"*I've seen people's hands get cut off, a 10-year-old girl raped and then die, and many men and women burned alive. So many times I just cried inside, because I didn't dare cry out loud.*"
– Mariama, 14-year-old girl soldier from Sierra Leone[15]

"*During the fighting, you don't have time to think. Only shoot. If a bad person gives an order, you have to follow it. If he says burn the village, you have to burn it. If he says kill a person, you have to do it.*" – Aung, boy soldier from Myanmar, abducted from school at age 14 and forced into the army[16]

In many conflicts, boys and girls are recruited as fighters, spies and messengers. Many girls are forced to serve as sexual slaves or "wives" for combatants. In some cases children are forcibly kidnapped, in other cases they are pressured into joining armies or guerilla groups in the hopes that it will protect their family or provide an income for their household. Almost without exception, these children are exposed to extreme physical and sexual violence. Abductors may force children to watch their family members be killed – or even force the child to kill a family member or neighbor themselves – in order to sever the child's ties to the community. The social and psychological effects of this kind of abuse, even if the children survive the fighting, create major obstacles when reintegrating back into society when the conflict ends.

Protection from psychological trauma

"*We were living in a small village in Port Loko district when the rebels attacked us in 1998. It was daytime and we tried to run away, but I was unfortunate and was captured. I was holding my 2-year-old baby boy. First they killed him with an axe. I cried out: 'Where is my baby, oh my baby.' So they struck me on the head with a machete. There is a deep scar there. After that they ordered me to put my hand on a stick which was on the ground. They chopped and nearly severed my right hand. Then they ran away and left me. My hand hadn't completely severed so the doctor in the next town cut it off. It's hard to find someone who will marry you when your hand has been cut off.*"
– Adamasay, 16-year-old girl from Sierra Leone[17]

During armed conflicts, women face multiple traumas. These may include witnessing atrocities, losing a loved one, being uprooted from home, being tortured or sexually abused, being separated from other family members, and bearing new care-giving burdens. Children may be exposed to the horrors of war despite their parents' best efforts to shield them, and children are also sensitive to the stress and anxiety of their parents. The psychological toll of living in a conflict zone is compounded when families are forced to flee and must struggle to fend for themselves in an alien environment.

Adolescent boys, in particular, may face strong social pressure to participate in uprisings as the environment becomes more politicized. Even if they are not overtly recruited, the attitudes and actions of their peers can draw young people away from constructive activities and into potentially damaging situations.

The psychological impact of war often has been overlooked in the rush to respond to urgent physical needs. Untreated psychological troubles can build and lead to continued pain and suffering. When large numbers of people in a community have been traumatized by violence, there is increased likelihood that conflict will continue, or will re-emerge at a later date.

Protection from family separation

"When I lived in Palangkaraya, every day I helped my Dad and Mum sell chicken. When I had to run it felt as if my feet weren't even touching the ground. I followed the other people running, and I wasn't even thinking about where my parents were. The news that my parents were dead, victims of the violence, came from my aunt who was still in Palangkaraya. It's true I cried, I wanted to scream but I tried to be firm and I entrusted my fate to Allah. Now I have to find my own food. I was happy when my parents were still here. There was no need to think about how to eat. If I could go to school again and follow through the exams and gain a diploma, that would be great." – Rosi, 15-year-old street boy from Indonesia[18]

In modern conflicts, many civilians are forced to flee their homes with little or no warning. Under such chaotic conditions, family members can become separated. In other cases, children may be sent to live with friends or relatives where they are "safer" during conflict, but have no idea how to locate their families after the fighting has ended. The violence of war also results in dramatic increases in single-parent (usually female) and child-headed households.

Protection of displaced women and children in camp settings

"When ma asked me to go down to the stream to wash plates, a peacekeeper asked me to take my clothes off so that he can take a picture. When I asked him to give me money he told me, no money for children, only biscuit." – Refugee child in West Africa[19]

Although fleeing their homes may remove refugees and internally displaced persons from the scene of the fighting, the negative consequences of this dislocation are profound. Uprooted people often suffer poor health. In camp situations, crowded conditions may lead to epidemics. Frequently, the specific health needs of females, such as reproductive health services and family planning, are not met. If refugee women do not have access to family planning, they are vulnerable to unwanted pregnancies in a high-risk setting where they may not be able to provide for a child's basic needs. Another important health need for women and girls is counseling for victims of sexual violence.

Ironically, in some cases women may need protection from those who are supposed to be protecting them. There have been cases of "peacekeeping" soldiers raping women and of women being forced to trade sex for food because aid distribution channels were not set up with their protection needs in mind. One international NGO reports that in Sierra Leone, "due to extensive corruption in the camp system and a very serious food deficiency at the household level throughout the region, families are forced to find ways to obtain food. This opens the doors to all kinds of abuses."[20]

Lack of educational opportunities is also a major concern for many refugees and internally displaced persons. The need is especially great for adolescents who may have missed out on the much of their education due to conflict and displacement. Sadly, adolescents are also one of the most under-served groups. In addition to fostering literacy and preparing young people to earn a livelihood, education is also an important protection tool. Going to school gives children and youths some sense of normalcy and stability and protects them against forced labor, military recruitment and sexual exploitation.

Protecting Women & Children *from the Other Killers During War*

While the wars of today target innocent civilians in alarmingly brutal ways, it is still true that more women and children die from malnutrition, preventable diseases and complications of childbirth during conflict than die as a direct result of fighting.

Conflict destroys sources of food, places of learning and health-care systems. It increases the likelihood that a mother will not receive the nutrition and care she needs during pregnancy, and that both she and her baby might die. It also increases the likelihood that a woman will face an unwanted pregnancy during a time when she would rather devote energy to her own survival and the well-being of her existing children.

This year's *Mothers' Index* demonstrates the dramatic correlation between conflict and the poor health of women and children. Seven of the bottom 10 countries, and more than half (13) of the bottom 20, are in conflict or post-conflict situations.

But it doesn't have to be this way. In some of the most vicious and intractable conflicts in the world, a remarkable program has proven effective. In Afghanistan, Angola, Burundi, the Democratic Republic of the Congo, El Salvador, Lebanon, Nicaragua, Sierra Leone and Sudan, "Days of Tranquility" have been negotiated to allow teams of health care workers to go into communities and vaccinate children against measles, polio and other preventable diseases.

Many more lives can be saved if the services offered during Days of Tranquility include a few more low-cost interventions to empower mothers and better protect children. They are:

- Immunizing women against neonatal tetanus, a highly preventable illness that kills more than 300,000 newborns in poor countries each year;
- Treating women and children for malaria, pneumonia and diarrhea, three of the biggest killers in times of war as well as in times of peace;
- Distributing clean delivery kits, including a sterile razor blade, soap and a few other basic items needed to prevent infections of mothers and newborns; and
- Educating women about family planning and providing access to modern contraception, to enable a mother to postpone her next childbirth to a safer time, when both she and her baby have a better chance to survive and thrive.

BEST COPY AVAILABLE

Key Findings of the *Conflict Protection Scorecard*

1. *The Scorecard finds widespread violations of women's and children's human rights in every conflict zone and every region of the world.* Violence and abuse of civilians are commonplace in today's wars – they are not an aberration. In all 40 conflict zones, women and children endure a torturous existence. For example, rape is commonly used as a weapon of war in Indonesia and Burundi. And children are forced into military service in Myanmar and Democratic Republic of the Congo. Too little is known about the rising levels of human suffering in these places, and too little is being done to protect women and children from war-related violence, exploitation and abuse.

2. *The Scorecard identifies Afghanistan, Angola, Burundi, Democratic Republic of the Congo and Sierra Leone as five of the worst conflict zones in which to be a woman or child.* Women and children in these countries endure terrible suffering as a result of insecurity and (often long-running) armed conflict. An estimated 4 million women and 6 million children under 15 are imperiled by war in these five countries alone. The global response has been inadequate to mitigate widespread human misery.

Afghanistan has endured more than 20 years of civil war as rebel armies and foreign invaders have battled various governments for control of the country. More than a year after the fall of the Taliban, there is still overwhelming poverty, lack of basic services, as well as insecurity, lawlessness and continued violence throughout much of the country. No other country has more land mines and unexploded ordnance. The psychological damage to women and children has been acute. Women have suffered massive, systematic and unrelenting human rights abuses that permeate every aspect of their lives. Both Taliban and rebel forces sexually assaulted, abducted and forcibly married women during the conflict, targeting them on the basis of both gender and ethnicity. A study of children in Kabul found that most suffered from psychological war trauma – 97 percent had witnessed violence and 65 percent had experienced the death of a close relative. As Afghanistan's new government struggles to rebuild the country and restore order – lacking millions of dollars in international assistance that were promised by wealthy nations and not delivered – the suffering begun in war time continues for much of the population.

War has raged almost continuously in **Angola** for close to 40 years, affecting two generations of mothers and children. UNITA forces have abducted children for military service and other forms of forced labor. Rural women have been forced to work as porters for UNITA military units and kept in conditions of servitude. There is also a documented pattern of rape as an instrument of terror and control.[21] A sixth of the population has been displaced, including over 1 million children. Because of the extremely harsh conditions faced by displaced families, some children choose to leave their families and live on the streets where there are money-making opportunities like washing cars and begging. On the streets they become vulnerable to abuse and exploitation.[22]

Burundi has been torn by a series of severe ethnic conflicts since 1965. An estimated 250,000 people have lost their lives. Approximately 1.2 million have been forced to flee their homes,[23] and some have been living in camps for more than four years, enduring miserable conditions and without any assistance. Women and children have suffered extreme physical and psychological trauma. In late 2002 and early 2003, there was a marked increase in civilian massacres committed by the army, with more than 173 killed in just one incident in Itaba in September 2002. At the same time, rebels have killed civilians through "attacks, ambushes and assassinations of local officials," while looting homes, stealing livestock, destroying crops and public infrastructure, firing mortar shells into major cities and forcibly recruiting children.[24] Both government troops and rebel soldiers terrorize communities by raping women and girls.

In **Democratic Republic of the Congo**, grotesque abuses are being committed by all sides in the conflict to subjugate the civilian population. Thousands – perhaps tens of thousands – of women have been subjected to rape, torture and humiliation. And yet the perpetrators are almost never punished. A doctor working in one hospital reports: "We've had cases of serious wounds to the women's genitals and anus. Sometimes after the actual rape, women have been shot in the vagina. Or they are cut with knives."[25]

Thousands of children recruited by government forces, pro-government militias and rebel forces are subjected to beatings, ill-treatment and used as cannon fodder. One eyewitness reported seeing children sent into battle without weapons. "They were ordered to make a lot of noise, using sticks on tree trunks and the like. When they succeeded in diverting the attention of the government troops, that is to say when they drew government fire on their unarmed elements, these units … would be literally allowed to fall like flies…. The experienced troops would then attack the government troops when their attention was diverted."[26]

In **Sierra Leone**, combatants have used every means at their disposal to dominate women and children and undermine cultural values that hold communities together. Thousands of girls and women have been raped. There is widespread use of child soldiers and physical mutilation is inflicted as a form of terror. During the 10-year civil war, all sides committed widespread and systematic sexual violence. Women and girls of all ages, ethnic groups and socio-economic classes were subjected to individual rape, gang rape and rape with objects such as weapons, firewood, umbrellas and pestles. Child combatants raped women who were old enough to be their grandmothers. Rebels raped pregnant and breastfeeding mothers. And fathers were forced to watch their daughters being raped. Very few assistance programs have been established for those who have been subjected to sexual violence, so survivors live not only with the severe physical and mental health consequences of abuses, but also with fear of continued attacks.[27]

3. ***Even before the outbreak of war in March 2003, Iraq's women and children were facing very severe risks and unmet protection needs – these risks have now risen.*** As *State of the World's Mothers 2003* went to press, there were reports of heightened psychological distress among Iraqi civilians, people fleeing their homes, children separated from parents, boys forced into combat, and increasing numbers of women and children dying due to violence and worsening humanitarian conditions. *Scorecard* research indicates that Iraqi women and children will require protection in all six critical areas. The earlier that protection is provided, the greater the likelihood that we can prevent suffering, injury and death among innocent civilians.

4. ***Each of the six protection needs was prevalent across the conflicts analyzed.*** No country or area was immune.

- The use of child soldiers was reported in more than 70 percent of conflict zones studied. Worldwide, an estimated 300,000 children under the age of 18 serve in armed forces and guerilla groups.[28]
- Separation of children from their parents was reported in more than 70 percent of conflict zones studied. In Sierra Leone, an estimated 4,500 children were abducted during the invasion of the capital, Freetown. Sixty percent of those abducted were girls, most of whom suffered repeated sexual violence.[29]
- Trafficking of women and girls was reported in 85 percent of the conflict zones. Violence against women and children was reported in over 95 percent of conflict zones. All regions of the world – including East Asia and the Pacific, North Africa, the Middle East, South Asia, sub-Saharan Africa and Central, Eastern Europe (including the Commonwealth of Independent States and Baltic States) and Latin America and the Caribbean – have documented cases of trafficking.
- Urgent protection needs for refugee and internally displaced persons were reported in 95 percent of conflict zones. These needs include protection from physical violence and gender-based violence in camps, psychosocial support for women and children who have been raped, abducted or suffered other trauma as a result of conflict, and health services that meet the specific needs of women, children and adolescents. It is estimated that 25 percent of refugees and internally

displaced persons are women of reproductive age, and one in five is likely to be pregnant.[30]

5. *The need for protection from psychological trauma was the most widespread, yet the level of response was not equal to the need.* Indeed, of the 40 conflict zones analyzed, all reported negative psychological impacts on women and children, and nearly two thirds reported extreme or widespread effects. Women and children who experience conflict-related violence often show signs of extreme stress and anxiety, which can cause a host of psychological and physical problems if left untreated. In one of the most war-affected areas of Sri Lanka, research estimates that 92 percent of children have experienced an event that would provoke post-traumatic stress disorder.[31]

Protection from, and treatment for, psychological trauma is one of the greatest needs in all geographic regions. Although this protection need is the most widespread, it does not command a commensurate level of response. For example, the staff of a healing and reconciliation project in a Sri Lankan community estimated that at least 10 percent of the area's children had significant negative psychological effects from the conflict, but less than 1 percent had access to the program.[32] Results are likely to be equally bleak in Afghanistan, Angola, Burundi, Democratic Republic of the Congo and Sierra Leone, where such research has not been done.

A study of women under Taliban rule in Afghanistan found that at least 97 percent of Afghan women suffered from major depression; 86 percent displayed significant anxiety; 42 percent suffered post-traumatic stress disorder, and almost 25 percent "frequently" considered committing suicide.[33]

6. *Regardless of the cause, type or location of conflict, protection needs were generally consistent, suggesting that humanitarian agencies can anticipate human rights abuses in times of armed conflict and take concrete measures to be proactive.* For example, the need for psychological protection is one of the highest-ranked needs in all geographic regions. The protection of refugees and internally displaced persons is also a pervasive need in most regions. Prevention of, and treatment for, gender-based violence, is also an important need, which is likely to grow as awareness and culturally sensitive reporting and response options continue to be developed.

7. *Trafficking is a regional phenomenon, concentrated in East Asia and Pacific region and in Central and Eastern Europe.* It is also common in South Asia, and exists to a lesser degree in other regions. For example:

- During the unrest in East Timor following the 1999 referendum, women were systematically raped by the Indonesian military, sometimes in front of family members. Many were forced into West Timor to serve as sex slaves. Women who were known or suspected to be part of the resistance movement were specifically targeted for this sort of gender-based violence.[34]
- Kosovar women confronted discrimination and a steep rise in domestic violence, rape, trafficking and abductions following the war.[35]
- Likewise, in Bosnia and Herzegovina, traffickers continue to abuse and exploit women from the former Soviet Union and Eastern Europe with impunity. In 1999, Human Rights Watch uncovered brothels scattered throughout Bosnia filled with women trafficked from Ukraine, Moldova, Bulgaria, Belarus and Romania.[36]

8. *The world community has demonstrated a humane and compassionate response to the profound human suffering engendered by war and conflict. Of the 40 conflicts analyzed, 90 percent have involved humanitarian relief efforts; however protection needs have not been adequately addressed.* On a global level, response efforts have addressed a broad range of human needs. However, much of this response focuses on physical survival and immediate treatment for the worst ravages of armed conflict in settings where little distinction is made between soldier and civilian. Governments and humanitarian agencies have not made sufficient funding available to address the growing protection needs of women and children in today's especially brutal armed conflicts.

9. *While the wars of today harm innocent civilians in alarming ways, more women and children die from malnutrition, preventable diseases and complications of childbirth during conflict than die as a direct result of fighting.* The *Mothers' Index* helps document the poor nutrition and health status of mothers and children in war-affected areas. Countries in conflict dominate the lower rankings of the *Index*. There are 7 conflict countries in the bottom 10, and 13 in the bottom 20.

Women & Children

Conflict Protection *Scorecard*

Conflict Zone	Score: Response	Score: Unmet Protection Need	Score: Protection Need
Congo (Democratic Republic of the)	**8**	**88**	[illegible]
Sierra Leone	**22**	**74**	[illegible]
Afghanistan	**13**	**77**	[illegible]
Angola	**28**	**61**	[illegible]
Burundi	**19**	**71**	[illegible]
Congo	22	64	
Sudan	19	67	
Rwanda	42	40	
Liberia	29	50	
Sri Lanka	26	53	
Uganda	29	50	
Indonesia	18	58	
Chechnya	35	37	
Myanmar	1	71	[illegible]
West Bank and Gaza	32	39	[illegible]
Somalia	8	61	[illegible]
Central African Republic	15	53	[illegible]
Pakistan	12	57	
Colombia	42	25	
Nepal	22	42	[illegible]
Philippines	22	42	[illegible]
India	35	28	-63
Cambodia	19	44	-62
Kosovo	25	37	-61
El Salvador	47	9	-56
Guinea	8	47	-55
Iraq	8	47	-55
Ethiopia	15	39	-54
Côte d'Ivoire	15	38	-53
Georgia	15	32	-47
Algeria	1	45	-46
Eritrea	12	34	-46
Peru	43	2	-46
Azerbaijan	8	35	-43
Nigeria	1	38	-39
Turkey	34	5	-39
Croatia	22	14	-36
Iran	26	4	-29
South Africa	27	2	-29
Israel	22	5	-27

Extremely severe protection needs

Severe protection needs

The first-ever *Conflict Protection Scorecard* gives grades to each conflict zone, telling us how well women's and children's protection needs are being addressed and where the unmet needs are greatest. This system provides a powerful action-oriented tool to help policymakers and humanitarian organizations diagnose the specific vulnerabilities of mothers and children in conflict-prone areas, to implement appropriate community-level protection responses, and then to monitor what is working and what more may be needed.

Each conflict zone started out with 100 points and lost points for failure to protect women and children from abuses and hardships described in the six "protection needs" categories. If a problem is widespread, the conflict zone lost even more points. In places where appropriate response measures have been documented, points were awarded. And if the response was widespread, the conflict zone earned more points. Additional points were earned for evidence of *preventive measures* that seek to limit the occurrence or recurrence of abuses against women and children. The reasoning behind this "bonus" is that preventing suffering in the first place is clearly preferable to addressing it after it has already occurred.

Quantitative data for the *Scorecard* are not readily available. The types of abuses the *Scorecard* seeks to document are often under-reported or not reported at all. During the chaos of conflict, data collection is often difficult – if not impossible – and may not be a priority given limited resources and the urgent needs. However, in some cases, the data are lacking because the issues they represent have been overlooked or ignored. The data presented in this report are expert assessments based on field experience and data currently available – often at the local level." Save the Children is presenting assessments even where data are sparse because lack of formal documentation should not be an excuse for inaction.

BEST COPY AVAILABLE

How the 40 Conflict Zones Were Graded

Our team of experts evaluated each of the 40 conflict zones using the following scoring process:

1. First, they conducted a literature review of protection needs that are most widely documented in armed conflict.
2. Next, they reviewed documentation from a range of sources including newspapers, journals, and reports from humanitarian organizations (including Doctors Without Borders, Human Rights Watch, Physicians for Human Rights, Refugees International, UNHCR and UNICEF, among others).
3. Based on the data available, and their own expertise in the field, they then assessed each of the six protection needs for each conflict zone as being present (any evidence of this protection need), prevalent (multiple instances of this protection need, or extensive evidence in a localized area) or widespread (multiple instances of this protection need in many locations and/or evidence of extensive abuses). *(Column 1)*
4. Next, they assessed the humanitarian response to each of the six protection needs. Once again, the level of response was classified as present (any evidence of humanitarian response to this protection need), prevalent (multiple instances of response to this protection need, or extensive evidence in a localized area) or widespread (coordinated response by multiple actors to this protection need). In addition, we asked if there were *preventive* activities taking place (that not only address human suffering, but also protect women and children from future abuses). *(Column 2)*

These assessments were converted to a numeric scale and averaged to create an overall assessment of the extent of protection needs and the extent of response in a given conflict zone. After these scores were produced for each conflict zone, the gap between the need (expressed as a negative number) and the response for each conflict was calculated to determine the "unmet protection need" in each conflict zone.

Team of Experts

Scorecard grades were calculated based on evaluations by a group of humanitarian relief experts with a wide range of credentials in academia and research, as well as decades of on-the-ground experience responding to conflict-related emergencies around the world.

The Scorecard methodology was developed by the Education Development Center. Assessments by lead experts within Save the Children's Division of Humanitarian Response were combined with those of outside experts to determine the final Scorecard grades for each conflict zone.

Conflict Zone Scoring Worksheet

Protection Need:	(Column 1) Extent of Protection Need (present, prevalent or widespread)	(Column 2) Extent of Response (present, prevalent, widespread or preventive)
Protecting women and children from sexual violence and physical harm		
Protecting women and girls from trafficking		
Protecting children from military recruitment		
Protecting women and children from psychological trauma		
Protecting families from separation		
Protecting women and children in refugee and displaced person camps		
Overall assessment		

Conflict Zones *Around the World*

Country	Conflict
Afghanistan	For decades, Afghanistan's history has been marked by fighting among myriad groups including the Soviet Union, anti-Communist *mujaheddin* forces, the Taliban, the Northern Alliance, and more recently, the United States and its allies. The conflict has created a massive refugee crisis. Millions of people have been displaced within the country or crossed the border into Pakistan. The reign of the Taliban was characterized by extreme repression of women including the prohibition of education for girls, resulting in significant psychological trauma.
Angola	Up until the cease-fire in 2002, Angola had few breaks from the civil war that had been raging since 1975. Refugees, child soldiers, trafficking of children across borders and gender-based violence are among the protection needs widely documented in Angola.
Burundi	More than a decade of intense ethnic violence has resulted in the death and displacement of hundreds of thousands of Burundians. In addition to the refugee crisis, there is widespread suffering and trauma due to massacres, gender-based violence and the use child soldiers.
Democratic Republic of the Congo	Democratic Republic of the Congo (formerly Zaire) has been engaged in civil war since 1997, although recently efforts have been made to end the fighting. Even before the civil war began, the country was destabilized by ethnic strife and the massive influx of refugees from other conflicts in the region. In 1998, troops from Zimbabwe, Angola, Namibia, Chad and Sudan intervened against a Rwanda- and Uganda-backed rebellion, demonstrating the complexity of the crisis, which has displaced hundreds of thousands of civilians. Common human rights abuses include the use of child soldiers and particularly vicious forms of gender-based violence.
Sierra Leone	The civil war in Sierra Leone has displaced millions of people since it began in 1991. Fighting throughout the country, and especially in urban areas, was characterized by incredible brutality against civilians, including gender-based violence, amputations, kidnapping and forced recruitment of children. A new peace process, with a special focus on the protection of children, may finally help to bring this tragic chapter in Sierra Leone's history to an end.

BEST COPY AVAILABLE

Response Options

to Meet the Needs of Women & Children in War & Armed Conflict

The *Conflict Protection Scorecard* measures how well the world community is responding to the six protection needs by looking for specific *Response Options* that lessen existing suffering and prevent future abuses against mothers and children. A team of experts based their scores not only on the effectiveness of existing programs, but also on whether those programs are reaching a significant percentage of the people in need.

Some measures are simple, such as recognizing in a refugee camp that ration cards, food and supplies should go not only to male-headed households, but also to female- and child-headed households. This protects mothers from being forced to sell their bodies, or their children's, in order to survive. Other responses – such as holding perpetrators of violent acts accountable – are more complex, and require long-term commitment from humanitarian organizations and policymakers.

When conflict threatens women and children with...	Responses should include...	For example...
Sexual violence and physical harm	• Counseling services for victims of gender-based violence • Activities that build women's economic self-sufficiency so that they are less vulnerable to sexual exploitation and better able to provide for themselves and their families • Well-funded efforts to remove land mines from the ground, especially in areas displaced people are returning to • Land mine awareness and other education activities to protect children and teach them how to avoid risks and live more safely • Heightened accountability for crimes against women and children through improved investigation and prosecution of rape, torture and gender-based violence and provision of counseling, legal and advocacy services for survivors • Training for soldiers, peacekeepers and law enforcement personnel in the rights of civilians during conflict, children's concerns and needs, prevention of child recruitment and gender-based violence • Support for countries to transform their police systems into professional, accountable, democratic forces that respect human rights and enforce laws to protect women and children	• In Burundi, the International Committee of the Red Cross is training midwives to assist rape victims who would not otherwise – due to shame or lack of resources – receive care for their physical and psychological wounds.[39] • In Afghanistan, which has more land mines than any other country in the world, teams of female mine-awareness trainers visit local clinics and schools with the specific aim of reaching other women. They inform these women about the dangers of mines and unexploded ordnance and teach them simple ways of passing on valuable information to their husbands and children. • Throughout 1998, the staff of Médecins Sans Frontières in Sierra Leone chronicled hundreds of cases of mutilation by amputation of hands, arms, lips, legs and other body parts by rebel forces. Rather than address the issue as a medical crisis alone, they ensured that the data was made available to United Nations human rights bodies as well as to the world's media. The information played a central role in the decision to establish a UN human rights team in Sierra Leone and helped build the will of the international community to take action to address the situation.[40]
Forced or coerced military service	• International and national policy advocacy, (for example, conventions stating minimum age for combatants) • Measures that reduce the economic pressures that may cause children to enlist • Programs to give adolescents skills that will allow them to earn a living, so becoming a soldier is not their only option • Activities to build combatants' understanding of children's rights and of the moral and ethical issues around child recruitment • Training for soldiers, peacekeepers and law enforcement personnel on children's specific concerns and needs, and ways to prevent child recruitment • Specific references to children – boys and girls both – in the disarmament, demobilization and reintegration sections of peace accords, so their unique needs are not overlooked • Reintegration programs for former child soldiers	• As both victims and perpetrators of violence, child soldiers have an extremely difficult time re-integrating into their communities, and often, their families. UNICEF's program for war-affected youth in Liberia has served over 6,000 children with counseling and programs in vocational and literacy training. UNICEF also coordinated projects designed to meet the special needs of girls, including a residential program where former girl combatants with babies fathered by rebels participate in vocational and literacy training.[41] • Four humanitarian NGOs – Save the Children, International Rescue Committee, Caritas and Coopi – developed a comprehensive program in Sierra Leone to disarm, demobilize and reintegrate child soldiers. The program separates children from other soldiers, works to undo their indoctrination, reintegrates them with other children in school settings, reunites them with their families, and promotes community acceptance of this highly vulnerable group of children.[42]

When conflict threatens women and children with...	Responses should include...	For example...
Trafficking and prostitution	• Programs to reduce the economic pressures that make women vulnerable to false promises of high-paying jobs • Community awareness-raising to help young women and their families recognize and avoid the risks of trafficking and prostitution • Border police trained in, and held accountable for, enforcement of anti-trafficking legislation	• In Guinea, Save the Children provides vocational training to former teenage prostitutes and girls at risk of becoming prostitutes. Girls active in this program learn about family planning, child care, and basic business skills to improve their opportunities and quality of life. • In Ukraine, an anti-trafficking NGO called La Strada sends activists to airports to meet women returning home after suffering debt bondage and slavery-like conditions abroad. The activists escort the women safely through the airport and out a back door, avoiding their traffickers who often wait in the arrival area to retake them.[42]
Psychological trauma	• Nonformal education and structured activities that create or re-establish dependable routines to give children stability in their lives and keep them out of harm's way • Counseling and other health services to meet the psychological needs of those who have witnessed or experienced extreme violence • Treatment for women and children who have suffered rape, torture, forced conscription, sexual exploitation and other forms of trauma so that they can be successfully reintegrated as healthy and productive members of society	• Through a program run by Save the Children, school counselors and social workers from the West Bank and Gaza are receiving special training in trauma psychology. These individuals are working in their communities to help children in need and to train others on ways to restore children's emotional well-being. Over the course of the next year, Save the Children will work to ensure that counselors in all schools are trained in classroom-based crisis interventions with the potential to reach up to 300,000 children.
Separation from their families	• Community awareness-raising to help families recognize risks and prevent separation • Clearinghouses and registries that reunite families and arrange for the care of separated children and orphans • Programs that provide interim care and placement for children who have lost their families	• Save the Children counsels families from Sierra Leone and Liberia on steps they can take to prevent being separated from children during conflict and flight from conflict. Staff are also present during mass movements of refugees to provide information on and help families locate missing children. • Save the Children's programs in Mozambique and Rwanda have provided care to separated children, helped reunite them with their families, and secured lasting placement for children orphaned by war.
Displacement and abuses in camp settings	• Gender-sensitive camp design and camp administration practices designed to create a safer and more secure environment for women and children (e.g., provision of cooking fuel, nearby water sources) • Gender-sensitive food distribution systems (e.g., female ration-card holders) • Microenterprise programs for refugees and displaced persons • Improved logistics, supervision and monitoring of camps (e.g., installing humanitarian protection monitors and ombudsmen, reforming personnel and hiring practices, enforcing codes of conduct and revising systems for the distribution of food, medicine and supplies to reduce the chances for exploitation and abuse) • Location of camps at least 30-40 miles away from areas of conflict to prevent combatants from entering the camps and harming women and children • Health services that meet the specific health needs of refugee and displaced women and girls (including pre- and post-natal care, family planning, HIV/AIDS and STD treatment and counseling, gender-based violence prevention and recovery programs, and education programs for children and adolescents) • International military education and training programs that include courses on improving security for refugees and displaced persons • The adoption by humanitarian agencies of a code of conduct to protect recipients of assistance from sexual exploitation and abuse	• Hundreds of Somali women and girls in Kenyan refugee camps were raped as they gathered firewood or herded livestock around the perimeter of the camps. In order to help stop the attacks, special thorn bushes were planted around the camps and anti-rape committees made up of community elders were established.[43] • The Mae Tao Clinic on the Thai/Burma border provides reproductive health services to 200,000 refugees and internally displaced persons. Some 80 volunteer health workers provide a comprehensive array of services, training programs and advocacy on behalf of the ethnic Burmese, especially women and children. For those who are unable to make it to the clinic due to instability and persecution, they have established several jungle clinics in remote areas with large displaced populations.[44] • UNHCR now aims to have women representatives constitute 50 percent of refugee governing entities and is reporting positive results from involving women in decision-making within camps. Women's committees resolve disputes and solve community problems, including sensitive matters like domestic violence. In some camps, women are requesting training to assist them in conflict resolution, political skills and leadership.[45]

BEST COPY AVAILABLE

Protecting the *Women and Children of Iraq*

Even before the latest outbreak of war, Iraq's women and children were facing very severe risks and unmet protection needs. As of mid-April 2003, these risks had increased.

As *State of the World's Mothers 2003* went to press, there were reports of heightened psychological distress among Iraqi civilians, people fleeing their homes, children separated from parents, boys forced into combat, and increasing numbers of women and children dying due to violence and worsening humanitarian conditions. There was also speculation that an extended period of political instability might inflame long-standing ethnic and religious tensions in the country, leading to dehumanizing and deadly forms of violence.

The humanitarian crisis in Iraq did not start with this war. Years of conflict and international sanctions have left food and safe water in short supply. Iraqi women and children have already been affected by damage to the health system. Maternal mortality has more than trebled, rising from 117 deaths per 100,000 live births in the late 1980s to the current 370. Infant and under-five mortality have also risen sharply. Now war has disrupted food distribution and damaged electrical, water and sewage systems, creating even more difficult conditions.

There is a risk that the protection needs of mothers and children will be neglected in the rush to provide food aid, water and shelter. The *Conflict Protection Scorecard* methodology provides a framework for assessing these unique risks to the safety and security of mothers and children as the crisis in Iraq unfolds. The *Response Options* table suggests the types of efforts needed to care for victims of abuse and prevent future difficulties. To be most effective, these protection measures should be put into place during the earliest phases of emergency response. They should not be seen as secondary concerns, but as an integral part of the way humanitarian relief is planned and delivered at the community level.

For example, many steps can be taken to organize camps for the internally displaced in ways that prevent undue harm to women and children. Food distribution systems should take into account the needs of female- and child-headed households so that a survival-of-the-fittest atmosphere does not lead to exploitation and abuse. Also, the physical layout of camps should be planned with women's and children's safety in mind.

Inside and outside displaced person camps, a number of other protection responses will be needed, such as:

- Programs to care for separated Iraqi children and reunite them with their families
- Interventions to reduce the risk of psychological damage and help restore the emotional well-being of those who have been traumatized
- Training for peacekeepers, police and others in charge of public safety so they will watch for signs of rape and other forms of violence against women and children, and treat these abuses as crimes

Save the Children's 70 years of experience have taught us that in times of war, as in times of peace, one of the best ways to safeguard the well-being of children is to invest in their mothers. In addition to the risks and solutions described in the *Conflict Protection Scorecard* and *Response Options*, Iraqi women and children will need other tools and services to stay safe, and eventually, to rebuild their lives. With access to education, economic opportunities and maternal and child health care, mothers can be empowered to do more for their children.

The history of past conflicts – and the brutal realities in many conflict zones today – show the magnitude of suffering that can result when women's and children's particular needs are not prioritized in the early stages of humanitarian response. If these lessons are not taken into account in the current crisis in Iraq, the results may once again be tragic for children and their mothers.

Take Action *Now:*

Join Our *One World, One Wish* Campaign
To Protect Women and Children in War and Armed Conflict

BEST COPY AVAILABLE

One World, One Wish is a new Save the Children campaign to raise public awareness, action and support for programs and policies that will help reduce the impact of war and armed conflict on women and children. The campaign is grounded in Save the Children's 70 years of experience in war-torn countries, and was launched after the release of last year's *State of the World's Mothers* report. That report revealed that civilians – primarily women and children – today make up 90 percent of casualties, as compared to 5 percent of casualties at the beginning of the 20th century. But while the nature of war has changed, the humanitarian response has not. The report called on policymakers to make a concerted effort to protect women and children from rape, recruitment and death.

The multi-year *One World, One Wish* campaign will be carried out in three phases. Phase One focuses on change in the United States, including raising public awareness, passing new legislation (see page 31), and expanding protection programs in six conflict zones:

Afghanistan – Strengthen families' and communities' ability to protect children from trauma, early marriage and exploitative labor conditions.

Guinea – Prevent children from being recruited as soldiers. Rehabilitate former child soldiers and victims of gender-based violence in refugee camps.

Indonesia – Prevent rape and other forms of violence against women, girls and boys. Rehabilitate victims of violence.

Iraq – Protect displaced children and families. Prevent violence and abuse. Provide psychosocial support to counter fear and trauma.

Nepal – Stop the use of children as soldiers and the trafficking of women and girls across international borders.

West Bank and Gaza – Provide counseling to traumatized children and alternative activities to keep them out of harm's way.

Phase Two will mobilize partner organizations in the International Save the Children Alliance to promote similar efforts for European governments, and Phase Three will seek to build partnerships with the United Nations to implement protection standards in conflict zones around the world.

Support for the *One World, One Wish* campaign already has been received from *Marie Claire* magazine, DKNY, the United Nations Foundation and the Fashion Accessories Benefit Ball (FABB). Thousands of individuals have also joined the effort by purchasing *One World, One Wish* T-shirts, raising awareness, making donations and urging Congress to pass the new legislation that will provide more humanitarian assistance for those innocent civilians most in need – women and children.

32

Take Action *Now!*

Our ability to protect tens of millions women and children from the ravages of war will determine not only their survival, but also their quality of life for generations to come. Together, we have the power to prevent some of the most devastating abuses of modern warfare.

- Contact President Bush and your members of Congress and express support for the *Women and Children in Armed Conflict Protection Act of 2003.* Visit our website (www.savethechildren.org) to learn more about the legislation and how to write or e-mail an effective letter to policymakers.

- Write a letter to the editors of your local newspaper. Explain how wars have changed, and how women and children are suffering now more than ever before. Ask for their help in educating the public and urging others in your community to get involved in the *One World, One Wish* campaign to stop these atrocities. For a sample letter, visit www.savethechildren.org.

- Urge any international organization you are affiliated with to join the growing list of groups that are supporting passage of the *Women and Children in Armed Conflict Protection Act of 2003.* See next page.

- Join our Save the Children Action Network to stay up to date on this campaign and ways you can help. Use the enclosed postcard, or visit www.savethechildren.org/action.

- Buy a DKNY-designed *One World, One Wish* T-shirt (for details, go to www.savethechildren.org).

- Make a contribution to the *One World, One Wish* campaign and support awareness, policy change and programs to help women and children in conflict. Visit our website, or call (800) 728-3843.

Women and Children in *Armed Conflict Protection Act of 2003*

This spring, a distinguished group of Democrat and Republican legislators introduced the *Women and Children in Armed Conflict Protection Act of 2003*. The Protection Act – long overdue considering the mounting list of war-related atrocities against women and children that have been documented in recent decades – will set aside funds so the U.S. government agencies that provide humanitarian assistance during war and conflict will include a women and children protection component every time they give emergency help. This means that – in addition to providing food, shelter, safe water and access to health care – our government will also assess the protection needs of women and children, and have a strategy and money to address those needs at the community level.

Many prominent international organizations have signed on to support the *One World, One Wish* legislation. They include: American Refugee Committee, Better World Fund, CARE, Center for Reproductive Rights, Christian Children's Fund, Church World Service, Concern America, Global Health Council, International Rescue Committee, Life for Relief and Development, National Peace Corps Association, Oxfam America, Physicians for Human Rights, Planned Parenthood Federation of America, Population Action International, U.S. Committee for UNICEF, Women's Commission for Refugee Women and Children, Women's Edge and Women Waging Peace.

If passed by Congress and signed into law by the president, the *Women and Children in Armed Conflict Protection Act* would:

- Require the U.S. government to develop an integrated strategy for protecting women and children in all stages of conflict, and report that strategy to Congress
- Designate a Protection Coordinator to be responsible for overseeing U.S. government efforts to protect women and children in conflict situations
- Direct the Protection Coordinator to research, compile and disseminate a list of early warning signs to indicate an increased risk of gender-based violence and exploitation of children, as well as a joint reporting and monitoring system to collect and act on evidence that women and children are being targeted for abuse
- Prohibit aid to any humanitarian agency that has not adopted a code of conduct to protect beneficiaries of assistance from sexual exploitation and abuse
- Urge all agencies implementing humanitarian assistance programs to review and revise their camp administration practices to create a safer and more secure environment for women and children
- Urge the State Department to help ensure that refugees and internally displaced persons are able to obtain work permits and other necessary documentation from the host government
- Extend the availability of micro-enterprise programs to refugees and displaced persons
- Recommend that international military education and training programs include courses on improving security for refugees and displaced persons
- Stipulate that U.S. foreign assistance programs increase access to and participation by women and youth, in activities such as conflict prevention and resolution, economic and political empowerment, and leadership development
- Require that programs be developed to help countries transform their police systems into professional, accountable, democratic forces that respect human rights and enforce laws to protect women and children
- Authorize the use of development assistance for land mine awareness programs
- Create a $45 million "Women and Children's Protection Fund" to finance new initiatives that promote the physical and psychological security of, provide equal access to basic services for, and safeguard the human dignity of, civilian women and children who are refugees, displaced persons, or living in conflict zones

Appendix:

The Complete Mothers' Index & Country Rankings

AVAILABLE

The Mothers' Index *and Country Rankings*

The fourth annual *Mothers' Index* helps document conditions for mothers in 117 countries – 19 developed nations[46] and 98 in the developing world – and shows where mothers do best and where they face the greatest hardships. All countries for which sufficient data were available are included in the *Index*.

Why should Save the Children be so concerned with mothers? Because 70 years of field experience have taught us that the quality of children's lives depends on the health, security and well-being of their mothers. In short, providing mothers with access to education, economic opportunities, and maternal and child health care, including family planning, gives mothers *and* their children the best chance to survive and thrive.

What the Numbers Don't Tell You

During conflict, it is often too dangerous to conduct research. Even when it is possible to do so, destroyed infrastructure can make it difficult to reach many populations, especially when large groups of people have been displaced. Furthermore, people may be wary of outsiders seeking information or may simply be too traumatized by the conflict to tell their stories.

In many post-conflict situations, governments and non-governmental organizations want to use their resources to implement programs rather than to document the extent of the problem. However, the lack of accurate data in many conflict and post-conflict countries makes it difficult to target populations in need, and to design effective development programs to help people rebuild their lives.

The national level data presented in the *Mothers' Index* provide an overview of many countries. However, it is important to remember that the condition of geographic or ethnic sub-groups in a country may vary greatly from the national average. War may affect certain segments of the population disproportionately, especially in the case of internal ethnic conflict. This report shows that conflict poses different threats to men and women. In some cases, women are doubly victimized, both for their gender and for their ethnic or social status. These details are hidden when only broad national level data are available.

The *Index* relies on information published by governments, research institutions and international agencies. The *Complete Mothers' Index*, based on a composite of separate indices for women's and children's well-being, appears in the fold-out table in this Appendix. A full description of the research methodology and individual indicators (briefly described below) appears after the fold-out.

The six indicators of women's well-being are:
- Lifetime risk of maternal mortality
- Percent of women using modern contraception
- Percent of births attended by trained personnel
- Percent of pregnant women with anemia
- Adult female literacy rate
- Participation of women in national government

The four indicators of children's well-being are:
- Infant mortality rate
- Gross primary enrollment ratio
- Percent of population with access to safe water
- Percent of children under age 5 suffering from moderate or severe nutritional wasting

Sweden, Denmark and Norway top the rankings in this year's *Mothers' Index*. The top 10 countries, in general, attain very high scores for mothers' and children's health and educational status. The United States ranked 11th this year.

The Mothers' Index

	Top Ten		Bottom Ten
Rank	Country	Rank	Country
1	Sweden	108	Angola
2	Denmark	109	Chad
2	Norway	109	Mali
4	Switzerland	111	Guinea
5	Finland	111	Sierra Leone
6	Canada	111	Yemen
6	Netherlands	114	Guinea-Bissau
8	Australia	115	Ethiopia
9	Austria	116	Burkina Faso
9	United Kingdom	117	Niger

Note: "Countries in conflict" are shown in red. These are countries that are experiencing or have recently experienced armed conflict.

The 10 bottom-ranked countries in this year's *Mothers' Index* are a reverse image of the top 10, performing poorly on all indicators. For instance, on average:

- In the bottom 10 countries, nearly four out of seven children are not attending primary school, and only one out of four adult women is literate. In the top 10 countries, virtually all children go to school and all women are literate.
- A mother in one of the bottom 10 countries is 27 times more likely to see her child die in the first year of life than is a mother in the top 10. Her own risk of dying in pregnancy or childbirth is more than 600 times higher.
- The contrast in availability of maternal and child health services is especially dramatic when comparing Sweden and Niger, the top- and bottom-ranked countries. In Sweden, trained personnel attend virtually all births, 72 percent of women use modern contraception and only 3 out of 1,000 infants die before their first birthday. Conversely, in Niger, only 16 percent of births are attended by trained health personnel, 4 percent of women use modern contraception, and 156 infants out of 1,000 die. In addition, the lifetime risk of a woman dying in childbirth is over 600 times greater in Niger than in Sweden.

Although the *Mothers' Index* does not directly measure conflict, it does clearly demonstrate the diminished status of women and children in countries where conflict exists. Seven of the bottom 10 countries (Angola, Chad, Guinea, Sierra Leone, Yemen, Guinea-Bissau and Ethiopia), and more than half (13) of the bottom 20, are in conflict or post-conflict situations.

In many countries in conflict – such as Afghanistan, Bosnia, Democratic Republic of the Congo, East Timor, Myanmar and Somalia – the challenges of mothers go undocumented because there are simply no data on even the most basic development indicators. Had there been sufficient data to include all countries in conflict in the rankings, many would have fallen to the bottom of the pack. For instance:

Zeroing in on the children's well-being portion of the *Mothers' Index*, Afghanistan finishes in last place, behind

BEST COPY AVAILABLE

Frequently-Asked Questions *about the Mothers' Index*

Why doesn't the United States do better in the rankings?

The United States earned its 11th place rank this year based on several factors:

- One of the four key indicators used to calculate the well-being for mothers is lifetime risk of maternal mortality. The United States rate for maternal mortality is 1 in 3,500. Canada, Australia and all the Western and Northern European countries in the study performed better than the United States on this indicator.
- Similarly, the United States did not do as well as the top 10 countries with regard to infant mortality rates. The United States infant mortality rate is 7 per 1,000 births. All the top 10 countries performed better than the United States on this indicator.
- The United States is also lagging behind with regard to the political status of women. Only 14 percent of seats in the U.S. national government are held by women, compared to 45 percent in Sweden, 38 percent in Denmark and 37 percent in Finland.

Why is Sweden number one?

Sweden performed as well as or better than the other countries in the ranking on all the indicators. It has the lowest infant mortality rate in the world and the highest percentage of women with seats in the national government.

Why are some countries not included on the Mothers' Index?

Rankings were based on a country's performance with respect to a defined set of indicators related primarily to education, health and nutrition. There were 117 countries for which published information regarding performance on these indicators existed. All 117 were included in the study. The only basis for excluding countries was insufficient or unavailable data.

What trends can we see, now that the Mothers' Index has been calculated four years in a row?

Although the exact number of countries included in the *Mothers' Index* changes from year to year (as data availability changes) regional trends are evident in the rankings. For instance, Scandinavian countries tend to top the list. Canada is also a notable high-performer. Countries in sub-Saharan Africa dominate the lowest tier, although a few countries, such as Mauritius, tend to perform relatively well on indicators of women's and children's well-being. Yemen and Nepal are non-African countries that consistently score near the bottom of the *Index*. Overall, Latin America as a region does fairly well for developing countries, and there are shining stars such as Costa Rica, but also struggling countries such as Bolivia.

There are also patterns among the indicators. The *Index* has consistently shown that the well-being of women and children is inseparable: when mothers thrive, children thrive. Also, a mother's level of education and her access to family planning services are the factors studied most strongly associated with the well-being of her children.

What needs to be done to bridge the divide between countries that meet the needs of their mothers and those that don't?

- Governments and international agencies need to increase funding to improve education levels for women and girls, provide access to maternal and child health care, including voluntary family planning services, and advance women's economic opportunity.
- The international community also needs to improve current research and conduct new studies that focus specifically on mothers' well-being.
- In the United States and in other industrialized nations, governments and communities need to work together to improve education and health care for disadvantaged mothers and children.

162 other countries. There, 165 infants of every 1,000 die before their first birthday, 71 percent of children are not enrolled in school, 87 percent of the population is without safe water, and 25 percent of children are suffering from moderate or severe malnutrition (underweight for height). The situation for Afghan mothers is equally dismal: 96 percent of women are not using modern contraception, 92 percent of all babies are delivered without trained health personnel, and one in 7 mothers dies in childbirth during their lifetime.

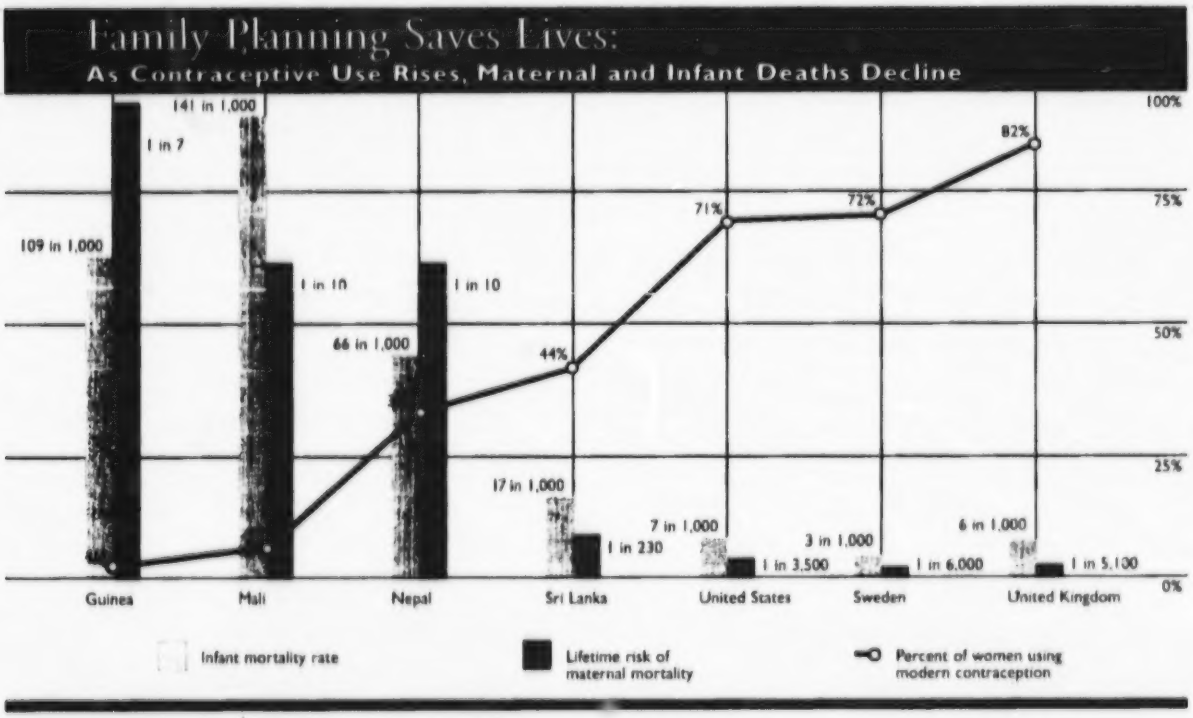
Even though there was insufficient data to rank many of these conflict countries in the *Mothers' Index*, available data for countries in conflict are included in the tables and in the analysis below. Countries in conflict and post-conflict are indicated by red type both below and on the *Mothers' Index*.

Whether countries are in conflict or not, the data collected for the *Mothers' Index* document the tremendous gaps between rich and poor countries and the urgent need to accelerate progress in the health and well-being of mothers and their children. The data also highlight the regional dimension of this tragedy. Nine of the bottom 10 countries are in sub-Saharan Africa. That region also accounts for 19 of the bottom 25 countries.

Individual country comparisons are especially startling when one considers the human suffering behind the statistics:

- Fewer than 15 percent of births are attended by trained health personnel in Afghanistan, Bangladesh, Ethiopia and Nepal.
- One woman in 7 dies in pregnancy or childbirth in Afghanistan, Guinea, Sierra Leone and Somalia.
- Most pregnant women in India (88 percent) are anemic.
- Fewer than 5 percent of women use modern contraception in Afghanistan, Angola, Benin, Burundi, Central African Republic, Chad, Democratic Republic of Congo, Eritrea, Guinea, Guinea-Bissau, Niger, Rwanda and Sierra Leone.
- Only 8 percent of women in Niger can read and write.
- A mother in Iraq is 35 times more likely to see her child die in the first year of life as is a mother in Sweden.
- Fewer than half the children are enrolled in primary school in Afghanistan, Burkina Faso, Djibouti, Ethiopia, Niger and Sudan. In Somalia, 86 percent of children are not enrolled.
- One-quarter of all children under age 5 are suffering from moderate or severe malnutrition in Afghanistan.
- More than 70 percent of the population does not have access to safe drinking water in Chad and Ethiopia. In Afghanistan the figure is 87 percent.

Statistics are far more than numbers. It is the human despair and lost opportunities beyond these numbers that call for ensuring that mothers everywhere have the basic tools they need to break the cycle of poverty and improve the quality of life for themselves, their children, and for generations to come. In times of war and conflict, the mother-child connection becomes even more important and imperiled, and their protection and care needs to be a priority in any humanitarian response.



The data in the *Mothers' Index* indicates that increased access to and use of modern contraception can lead to dramatic improvements in infant and maternal survival rates. For example, in the United Kingdom, where 82 percent of women use birth control, only 1 in 5,100 mothers dies in childbirth during her lifetime and 6 out of 1,000 infants do not make it to their first birthday. Compare this to Guinea, where 4 percent of women use birth control, 1 in 7 mothers dies in childbirth, and 109 out of 1,000 infants die before reaching age one.

Every year, millions of women and children in the developing world die as a result of births that are too close together, too early, or too late in a woman's life. In developing countries, maternal mortality is the leading cause of death for women of reproductive age, killing more than 500,000 women a year.[47] Every minute of every day, at least one woman dies from complications of pregnancy and childbirth.

Family planning also makes important contributions to child survival. More than 10 million children under 5 die every year from preventable causes. Family planning could prevent 25 percent of these deaths by spacing births at least two years apart, by helping women to bear children during their healthiest reproductive years, and by enabling parents to have their desired number of children.[48]

BEST COPY AVAILABLE

Mothers' Index *Rankings*

The *Mothers' Index* reflects how individual countries compare in meeting the needs of mothers. Listed here are the *Mothers' Index* rankings for all 117 countries included in the survey, along with the corresponding rankings for women's and children's indices in each country. "Countries in conflict" are shown in red. These are countries that are experiencing or have recently experienced large-scale conflict.

See the fold-out section in this Appendix for the *Complete Mothers' Index*.

Country	Mothers' Index Rank*	Women's Index Rank	Children's Index Rank
Sweden	1	1	1
Denmark	2	2	1
Norway	2	2	1
Switzerland	4	4	4
Finland	5	5	4
Canada	6	7	4
Netherlands	6	6	4
Australia	8	8	4
Austria	9	10	4
United Kingdom	9	9	17
United States	11	12	4
Costa Rica	12	11	15
Czech Republic	13	13	4
Hungary	14	18	4
Bulgaria	15	17	14
Chile	15	19	4
Cuba	15	15	24
Singapore	15	15	32
Argentina	19	13	56
Uruguay	19	20	15
Belarus	21	26	17
Korea, Republic of	21	26	17
Moldova, Republic of	21	20	26
Colombia	24	30	17
Russian Federation	24	26	23
Kazakhstan	26	22	41
Trinidad and Tobago	26	26	26
Jamaica	28	31	26
Panama	28	41	17
Mexico	30	37	31
South Africa	30	22	46
Dominican Republic	32	31	35
Ecuador	32	37	35
Kyrgyzstan	32	31	51
Ukraine	32	31	51
Uzbekistan	32	22	68
Venezuela	32	41	41
China	38	37	44
Mongolia	38	31	64
Romania	38	37	51
Vietnam	38	22	66
Armenia	42	49	32
Thailand	42	44	48
Brazil	44	46	48
Georgia	44	44	56
Korea, Democratic People's Republic	44	31	70
Azerbaijan	47	46	61
Honduras	48	58	26
Kuwait	48	61	17
Philippines	48	49	56
Jordan	51	61	24
Namibia	51	41	78
Paraguay	51	58	35
Peru	51	54	46
Zimbabwe	51	52	66
Botswana	56	49	74
El Salvador	56	58	41
Iran, Islamic Republic of	56	61	35
Lesotho	56	52	72

Country	Mothers' Index Rank*	Women's Index Rank	Children's Index Rank
Mauritius	56	57	51
Sri Lanka	56	54	68
Tajikistan	56	46	78
United Arab Emirates	56	56	64
Lebanon	64	67	26
Bolivia	65	65	48
Nicaragua	65	61	44
Tunisia	67	68	35
Indonesia	68	66	61
Turkey	69	69	61
Algeria	70	76	56
Guatemala	70	79	35
Syrian Arab Republic	70	74	60
Egypt	73	81	32
Kenya	73	69	82
Zambia	73	71	78
Gabon	76	76	76
Uganda	77	71	85
Tanzania, United Republic of	78	73	88
Cameroon	79	78	88
Iraq	80	84	76
Morocco	81	89	51
Ghana	82	84	81
Papua New Guinea	82	74	107
Rwanda	84	79	94
Lao People's Democratic Republic	85	81	98
Sudan	85	81	100
Malawi	87	86	98
Senegal	87	89	85
Côte d'Ivoire	89	92	88
India	89	93	85
Madagascar	89	93	83
Cambodia	92	87	105
Togo	92	93	88
Nigeria	94	88	106
Bangladesh	95	109	73
Burundi	95	93	94
Haiti	95	98	93
Mozambique	95	91	100
Pakistan	99	109	74
Bhutan	100	107	83
Nepal	100	114	70
Mauritania	102	101	103
Benin	103	104	100
Central African Republic	103	104	94
Eritrea	103	97	108
Gambia	106	111	92
Liberia	106	100	108
Angola	108	98	111
Chad	109	102	112
Mali	109	102	112
Guinea	111	113	110
Sierra Leone	111	104	112
Yemen	111	116	94
Guinea-Bissau	114	115	104
Ethiopia	115	107	115
Burkina Faso	116	111	116
Niger	117	117	117

*Due to different indicator weights, it is possible for a country to rank high in the women's and children's indices but not score among the very highest countries on the overall *Mothers' Index*. For a complete explanation of the indicator weighting, please see the Methodology & Research Notes.

41

The Complete *Mothers' Index 2003*

Country	Women's Index						Childr	
	Health Status				Education Status	Political Status		Childr
	Lifetime risk of maternal mortality (1 in number stated)	Percent of women using modern contraception	Percent of births attended by trained personnel	Percent of pregnant women with anemia	Adult female literacy rate (percent)	Participation of women in national government (% of seats held by women)	Infant mortality rate (per 1,000 live births)	Gross prima enrollment ratio (expressed a a percent)
Algeria	120	50	92	42	51	6	39	96
Angola	8	4	23	29	30 z	16	154	88x
Argentina	290		98	26	97	31	16	111
Armenia	640	22	97		99 x	3	31	95
Australia	1900	72	100		99 z	25	6	101
Austria	5600	47	100 z		99 z	27	5	103
Azerbaijan	1400	16	88		96 x	11	74	96
Bangladesh	21	43	12	53	29	2	51	97
Belarus	1300	42	100 z		99	10	17	98
Benin	12	3	66	41	24	6	94	76
Bhutan	9	19	15 x		34	9	74	72
Bolivia	26	27	59	54	79	19	60	97
Botswana	65	39	99		80	17	80	118
Brazil	130	70	88	33	85	7	31	128
Bulgaria	1800	25	100 z		98	26	14	100
Burkina Faso	14	5	31	24	13	12	104	41
Burundi	9	1	25	68	41	20	114	62
Cambodia	17	19	32		58 x	7	97	90
Cameroon	26	7	56	44	69	6 z	96	82
Canada	7700	73	98		99 z	21	5	102
Central African Republic	21	3	44	67	35	7	115	61
Chad	9	2	16	37	41	2 z	117	65
Chile	490		100	13	96	13	10	103
China	400	83	89	52	77	22	31	104
Colombia	300	64	86	24	92	12	19	99
Costa Rica	420	65	98	27	96	35	9	109
Côte d'Ivoire	14	7	47	34	38	9	102	71
Cuba	490	67	100	47	96	28	7	97
Czech Republic	2900	63		23	99 z	17	4	104
Denmark	5800	72	100 z		99 z	38	4	101
Dominican Republic	230	59	96		84	17	41	93x
Ecuador	150	50	69	17	90	15	24	99
Egypt	120	54	61	24	44	2	35	100
El Salvador	65	54	51	14	76	10	33	94
Eritrea	10	4	21		45 z	15	72	59
Ethiopia	9	6	6	42	33	8	116	42
Finland	4200	75	100 z		99 z	37	4	99
Gabon	32	12	86		62	9	60	132
Gambia	13	9	51	80	30	6	91	72
Georgia	1100	20	96		99 x	7	24	95
Ghana	18	13	44	64	61	9	57	79
Guatemala	75	31	41	45	61	9	43	94
Guinea	7	4	35		27	9 z	109	54

To copy this table onto 8½ x 11" paper, set your photocopier reduction to 85%

n's Index Rankings				
n's Status				
Percent of population with access to safe water	Percent of children under age 5 suffering from moderate or severe nutritional wasting	Mothers' Index Rank (out of 117 countries)*	Women's Index Rank (out of 122 countries)*	Children's Index Rank (out of 163 countries)*
89	3	70	81	84
38		108	103	155
	3	19	14	84
	2	42	53	48
100		8	8	4
100		9	10	4
78	8	47	50	91
97	10	95	114	108
100		21	30	27
63	8	103	109	141
62	3	100	112	122
83	2	65	70	75
95	5	56	53	109
87	2	44	50	75
100		15	18	18
42	13	116	116	160
78	8	95	98	135
30	15	92	92	147
58	5	79	83	128
100		6	7	4
70	9	103	109	135
27	12	109	107	156
93	0	15	20	4
75	3	38	41	65
91	1	24	34	27
95	2	12	12	22
81	8	89	97	128
91	2	15	16	37
	2x	13	14	4
100		2	2	1
86	2	32	35	53
85		32	41	53
97	3	73	86	48
77	1	56	62	60
46	16	103	102	151
24	11	115	112	159
100		5	5	4
86	3	76	81	112
62	9	106	116	133
79	2	44	48	84
73	10	82	89	119
92	3	70	84	53
48	9	111	118	153

Country	Women's Health Status			
	Lifetime risk of maternal mortality (1 in number stated)	Percent of women using modern contraception	Percent of births attended by trained personnel	
Guinea-Bissau	16	4	35	
Haiti	17	21	24	
Honduras	75	41	54	
Hungary	1500	68	99 z	
India	37	43	43	
Indonesia	41	55	56	
Iran, Islamic Republic of	130	56		
Iraq	46	10		
Jamaica	280	63	95	
Jordan	95	38	97	
Kazakhstan	370	53	99	
Kenya	20	32	44	
Korea, Democratic People's Republic	500	53		
Korea, Republic of	380	67	100	
Kuwait	820	41	98	
Kyrgyzstan	190	49	98	
Lao People's Democratic Republic	19	29	21	
Lebanon	85	37	88	
Lesotho	26	30	60	
Liberia	27	6	51	
Madagascar	27	12	47	
Malawi	20	26	56	
Mali	10	6	24	
Mauritania	16	5	53	
Mauritius	300	49		
Mexico	220	58	86	
Moldova, Republic of	580	43	99	
Mongolia	310	46	97	
Morocco	33	42	40	
Mozambique	9	5	44	
Namibia	42	26	78	
Nepal	10	35	11	
Netherlands	4300	76	100	
Nicaragua	100	57	65	
Niger	9	4	16	
Nigeria	13	9	42	
Norway	7300	69	100 z	
Pakistan	38	20	20	
Panama	510	54	90	
Papua New Guinea	17	20	53	
Paraguay	120	48	58	
Peru	85	50	59	
Philippines	75	28	56	

ndex			Children's Index				Rankings		
	Education Status	Political Status	Children's Status						
Percent of pregnant women with anemia	Adult female literacy rate (percent)	Participation of women in national government (% of seats held by women)	Infant mortality rate (per 1,000 live births)	Gross primary enrollment ratio (expressed as a percent)	Percent of population with access to safe water	Percent of children under age 5 suffering from moderate or severe nutritional wasting	Mothers' Index Rank (out of 117 countries)*	Women's Index Rank (out of 122 countries)*	Children's Index Rank (out of 163 countries)*
74	21	8	130	69	56	10	114	120	146
64	46	4	79	126	46	5	95	103	134
14	85 x	6	31	97	88	2	48	62	40
	99	9	8	103	99	2x	14	19	4
88	42	9	67	90	84	16	89	98	124
64	82	8	33	114	78		68	71	91
17	70	4	35	107	92	5	56	66	53
18	45 x	8	107	107	85		80	89	112
40	91	13	17	94	92	4	28	35	40
50	84	1	27	93	96	2	51	66	37
27	98 x	10	61	100	91	2	26	26	60
35	76	4 z	78	89	57	6	73	74	120
71	100 x	20	42	104x	100	19	44	35	103
	96	6	5	98	92		21	30	27
40	80	0	9	99		11	48	66	27
	95 x	10	52	98	77	3	32	35	78
62	50	23	87	114	37	15	85	86	139
49	80	2	28	113	100	3	64	72	40
7	94	4 z	91	94	78	5	56	56	106
	37	8	157	56		3x	106	105	151
	44 x	8	84	104	47	14	89	98	122
55	47	9	114	135	57	6	87	91	139
58	33	12 z	141	50	65		109	107	156
24	29	4 z	120	86	37	13	102	106	145
29	81	6	17	105	100	15	56	61	78
41	89	16	24	112	88	2	10	41	47
20	98	13	27	96	92	3	21	23	40
45	99	11	61	103	60	6	38	35	95
45	36	11	39	85	80	2x	81	93	78
58	28	30	125	76	57	8	95	96	141
16	81	25	55	126	77	9	51	45	114
65	24	6	66	122	88	10	100	119	103
	99 z	34	5	103	100		6	6	4
36	64	21	36	96	77	2	65	66	65
41	8	1	156	32	59	14	117	122	161
55	56	3	110	70	62	12	94	93	148
	99 z	36	4	100	100		2	2	1
37	28	2	84	84	90		99	114	109
	91	10	19	106	90	1	28	45	27
16	68	2 z	70	63	42		82	79	149
44	92	3	26	112	78	1	51	62	53
53	85	18	30	122	80	1	51	58	72
48	95	18	29	119	86	6	48	53	84

The Complete *Mothers' Index 2003*

Country	Women's Index						Childre	
	Health Status				Education Status	Political Status		Childre
	Lifetime risk of maternal mortality (1 in number stated)	Percent of women using modern contraception	Percent of births attended by trained personnel	Percent of pregnant women with anemia	Adult female literacy rate (percent)	Participation of women in national government (% of seats held by women)	Infant mortality rate (per 1,000 live births)	Gross primary enrollment ratio (expressed as a percent)
Romania	340	30	98	31	97	11	19	100
Russian Federation	620		99 z	30	99	8	18	107 x
Rwanda	9	4	31		61	26	96	88
Senegal	11	8	51	26	28	19	79	66
Sierra Leone	7	4	42	31	23	9 z	182	50 x
Singapore	4900	73	100		88	12	3	94
South Africa	85	55	84	37	84	30	56	97
Sri Lanka	230	44	97	39	89	4	17	107
Sudan	21	7	86 x	36	46	10	65	46
Sweden	6000	72	100 z		99 z	45	3	103
Switzerland	8700	78	99 z		99 z	23	5	107 x
Syrian Arab Republic	75	28	76 x		60	10	23	95
Tajikistan	120	27	77	50	99	13	53	95
Tanzania, United Republic of	18	17	36	59	67	22	104	76
Thailand	180	70	85	57	94	9	34	91
Togo	20	7	49	48	43	5	79	103
Trinidad and Tobago	360	44	99	53	98	17	17	99
Tunisia	140	51	90	38	60	12	21	116
Turkey	130	38	81	74	77	4	36	92
Uganda	10	18	39	30	57	25	79	122
Ukraine	930	38	99		99 x	8 z	17	81
United Arab Emirates	730	24	99		93 x	0	8	103
United Kingdom	5100	82	99		99 z	18	6	114
United States	3500	71	99		99 z	14	7	102
Uruguay	410		99	20	98	12	14	112
Uzbekistan	370	63	96		99 x	7	52	100
Venezuela	200	38	95	29	93	10	19	91
Vietnam	130	56	70		91	27	30	108
Yemen	8	10	22		25	1	79	68
Zambia	14	14	47	34	71	12	112	101
Zimbabwe	28	50	73		90	10	76	108
CHILDREN'S INDEX ONLY								
Afghanistan	7	4	8 z		21		165	29
Albania	430	15	99			6	26	107
Antigua and Barbuda			100 x		83 x	5	12	99
Bahamas	400		99 x		97		13	99
Bahrain	360		98		83		13	104
Barbados	1100		91		97	11	12	101
Belize			77 x		80 x	7	34	101
Bosnia and Herzegovina		16	100		89 x	7	15	100
Cape Verde			53		65	11	29	118
Comoros	12		62		70 x		59	92
Congo	15				74		81	79

To copy this table onto 8½ x 11" paper, set your photocopier reduction to 85%

n's Index Rankings				
n's Status				
Percent of population with access to safe water	Percent of children under age 5 suffering from moderate or severe nutritional wasting	Mothers' Index Rank (out of 117 countries)*	Women's Index Rank (out of 122 countries)*	Children's Index Rank (out of 163 countries)*
58	3x	38	41	78
99	4	24	30	34
41	7	84	84	135
78	8	87	93	124
57	10	111	109	156
100	4x	15	16	48
86	3	30	26	72
77	14	56	58	101
75		85	86	141
100		1	1	1
100		4	4	4
80	9	70	79	89
60		56	50	114
68	5	78	78	128
84	6x	42	48	75
54	12	92	98	128
90	4x	26	30	40
80	2	67	73	53
82	2	69	74	91
52	4	77	76	124
98	6	32	35	78
	15	56	60	95
100		9	9	27
100		11	13	4
98	1	19	23	22
85	12	32	26	101
83	3	32	45	60
77	6	38	26	98
69	13	111	121	135
64	4	73	76	114
83	6	51	56	98
13	25			163
97	11			114
91	10x			65
97				27
	5			40
100	5x			22
92				48
	6			22
74	6x			95
96	12			89
51	4x			127

Country	Women's Health Status			
	Lifetime risk of maternal mortality (1 in number stated)	Percent of women using modern contraception	Percent of births attended by trained personnel	
Congo, Democratic Republic of the	14	2	61	
Cook Island			100	
Croatia				
Cyprus	6900			
Djibouti	24			
Dominica			100	
Equatorial Guinea	17			
Fiji	300		100	
Grenada			100 x	
Guyana			95	
Kiribati			85	
Libyan Arab Jamahiriya	55	26	94	
Macedonia, TFYR				
Maldives			70	
Malta	0			
Myanmar	33	28		
Oman	60	18	91	
Palau			100	
Qatar				
Saint Kitts and Nevis			100	
Saint Lucia			100	
Saint Vincent and the Grenadines			100 x	
Samoa	500		100	
Saudi Arabia	95	29	91	
Seychelles				
Slovakia		41		
Slovenia	4000	59		
Solomon Islands			85	
Somalia	7		34	
Suriname			85	
Swaziland	29		70	
Tonga			92	
Tuvalu			99	
Vanuatu	60		89	
Yugoslavia		33		
WOMEN'S INDEX ONLY				
Japan	2900	53	100	
Latvia	1100	39	100	
Malaysia	270	30	96	
New Zealand	1600	72	100	
Portugal	3500	33	100	

x = Data may refer to a different year than noted or may vary from the standard. z = Data are fr

*The *Mothers' Index* ranks are out of 117 countries for which sufficient data were available. The Wo findings on women's indicators or children's indicators, but not both.

Index			Children's Index					Rankings	
	Education Status	Political Status	Children's Status						
Percent of pregnant women with anemia	Adult female literacy rate (percent)	Participation of women in national government (% of seats held by women)	Infant mortality rate (per 1,000 live births)	Gross primary enrollment ratio (expressed as a percent)	Percent of population with access to safe water	Percent of children under age 5 suffering from moderate or severe nutritional wasting	Mothers' Index Rank (out of 117 countries)*	Women's Index Rank (out of 122 countries)*	Children's Index Rank (out of 163 countries)*
	54 x		129	61	45	13			153
			19	111	100				34
	97	21	7	95		1			18
	95	11	5	100	100				4
	38	0	100	39	100	13			141
		19	14	99	97	2x			18
	75	5	101	128	44				149
	91	6	18	111	47	8x			109
		27	20	126	95				72
	98	20	54	88	94	12			103
		5	51	84	48	11x			132
	68		16	99	72	3			60
		17	22	99		4			65
	96	6	58	123	100	13			118
	93	9	5	107	100				4
58	81		77	100	72	10			91
54	62		12	98	39	13			120
		0	24	103x	79				65
	83		11	103		2			18
		13	20	98	98				34
		11	17	115	98	6x			65
		23	22	91	93				53
		6	20	94	99				37
	67		23	92	95	11			78
	89 x	24	13	101		2x			22
	100		8	99	100				4
	100 x	12	4	98	100				4
		0	20	97x	71	7x			84
			133	14x		17			161
	93	18	26	127x	82				98
	79	3	106	116		1			106
			17	122	100				48
	98 x		38	100	100				40
		2	34	97	88				65
	97 x		17	69	98	4			60
	99 z	7	3	102				20	
	100	17	17	101				20	
56	84	10	8	94				62	
	99 z	29	6	101				11	
	90	19	5	126				23	

om different year or different source.

nen's Index ranks and *Children's Index* ranks are out of 122 and 163 countries respectively – these include additional countries for which adequate data existed to present

Methodology *and Research Notes*

1. In the first year of the *Mothers' Index* (2000), a review of literature and consultation with members of the Save the Children staff identified health status, educational status, political status, and children's well-being as key factors related to the well-being of mothers. Indicators were selected to represent these factors, and published data sources for each indicator were identified. In some cases, the factors were difficult to capture because few countries reported related statistics. To adjust for these variations in data availability when calculating the final index, the indicators for maternal health and children's well-being were grouped into sub-indices (*see step 5*). This procedure allowed researchers to draw on the wealth of useful information on those topics without giving too little weight to the factors for which less abundant data were available.

2. Data were gathered for six indicators of women's status and four indicators of children's status.

The indicators that represent women's health status are:

Lifetime risk of maternal mortality
Calculations are based on maternal mortality and fertility rate in a country. Some country estimates are derived using a WHO/UNICEF methodology. *Source: WHO 1997, "Maternal Health Around the World" (wall chart).*

Percent of women using modern contraception
Data are derived from sample survey reports and estimate the proportion of married women (including women in consensual unions) currently using modern methods of contraception (including male and female sterilization, IUD, the pill, injectables, hormonal implants, condoms and female barrier methods.) All of the data were collected in 1972 or later. The most recent survey data available are cited; 80 percent of the data refer to the period 1990-2000. The database was updated in June 2002. *Source: United Nations Population Division (UNFPA) 2002. The State of World Population. Available online at:* http://www.unfpa.org/swp/2002/english/indicators/index.htm [Accessed 3/24/03] http://www.unfpa.org/swp/2002/english/indicators/pdf/pdf1.pdf [Accessed 3/24/03]

Percent of births attended by trained personnel
Percentage of births attended by trained personnel is defined as those births attended by physicians, nurses, midwives or primary health care workers trained in midwifery skills. Data are from 1995-2001. *Source: UNICEF 2002. State of the World's Children 2003 (Table 7). Available online at:* http://www.unicef.org/pubsgen/sowc03/sowc03.pdf [Accessed 3/24/03]

Percent of pregnant women with anemia
Prevalence of anemia, or iron deficiency, is defined as hemoglobin levels less than 11 grams per deciliter among pregnant women. Data are from 1985-1999. *Source: World Bank. Available online at:* http://www.worldbank.org/data/wdi2001/pdfs/tab2_18.pdf [Accessed 3/24/03]

The indicator that represents women's educational status is:

Adult female literacy rate
Female literacy rate is the percentage of women over 15 years of age who can read and write. Data are from 2000. *Source: UNICEF (2002). State of the World's Children 2003 (Table 4). Available online at:* http://www.unicef.org/pubsgen/sowc03/sowc03.pdf [Accessed 3/24/03] Additional estimates (as noted in the data annex) are from UNDP's Human Development Report 2000.

The indicator that represents women's political status is:

Participation of women in national government
This indicator represents the percentage of seats in national legislatures or parliaments occupied by women. In bicameral legislatures and parliaments, only the lower house is counted. *Source: UNSD (2000) The World's Women 2000: Trends and Statistics. (Updated December, 2002) Available online at:* http://unstats.un.org/unsd/demographic/ww2000/table6a.htm [Accessed 3/24/03]

The indicators that represent children's well-being are:

Infant mortality rate
Infant mortality rate is the probability of dying between birth and exactly one year of age, expressed per 1,000 live births. Data are from 2001. *Source: UNICEF (2002) State of the World's Children 2003 (Table 1). Available online at:* http://www.unicef.org/pubsgen/sowc03/sowc03.pdf [Accessed 3/24/03]

Gross primary enrollment ratio
The gross primary enrollment ratio is the total number of children enrolled in primary school, expressed as a percentage of the total number of children of primary school age. Data are from 1995-1999. *Source: UNICEF (2000) State of the World's Children 2001. Available online at:* http://www.unicef.org/sowc01/tables (Table 1).

Percent of population with access to safe water
This indicator reports the percentage of the population with access to an adequate amount of water from an improved source within a convenient distance from a user's dwelling, as defined by country-level standards. "Improved" water sources include household connections, public standpipes, boreholes, protected dug wells, protected springs, and rainwater collection. In general, "reasonable access" is defined as at least 20 liters (5.3 gallons) per person per day, from a source within one kilometer (.62 miles) of the user's dwelling. Data are from 2000. *UNICEF (2002) State of the World's Children 2003 Summary (Table 3). Available online at:* http://www.unicef.org/pubsgen/sowc03/sowc03.pdf [Accessed 3/24/03]
NOTE: Rates for Norway and Denmark are estimates based on the average score for developed countries in the index.

Percent of children under age five suffering from moderate or severe nutritional wasting
Moderate or severe wasting is defined as more than two standard deviations below median weight for height of the reference population. Data are from 1995-2001. *Source: UNICEF (2002) State of the World's Children 2002 Summary (Table 2). Available online at:* http://www.unicef.org/pubsgen/sowc03/sowc03.pdf [Accessed 3/24/03]

3. Standard scores, or Z-scores, were created for each of the indicators using the following formula:

$$Z = \frac{X - \overline{X}}{S}$$

where Z =The standard, or Z-score
X =The score to be converted
$\overline{X}$=The mean of the distribution
S = The standard deviation of the distribution

4. The standard scores of indicators of ill-being were then multiplied by (–1) so that a higher score indicated increased well-being on all indicators.

Notes on specific indicators

- Countries reporting a *lifetime risk of maternal mortality* of zero were given a Z-score of 3.94 (1 in 9200), the lowest risk for which a Z-score could be calculated.
- To avoid rewarding school systems where pupils do not start on time or progress through the system, gross enrollment ratios between 100 and 105 percent were discounted to 100 percent. Gross enrollment ratios over 105 percent were discounted to 100 and any amount over 105 percent was subtracted from 100 (e.g., a country with a gross enrollment rate of 107 percent would be discounted to 100-(107-105), or 98.)

5. Z-scores were divided by the range of Z-scores for each variable in order to control for differences in the range of possible scores. These percentage scores (i.e., actual score as percent of range of scores) were then averaged to create the index scores.

6. The percentage scores of the four indicators related to women's health were averaged to create an index of women's health. An index of child well-being was created the same way. At this stage, cases (countries) missing more than one indicator for either sub-index were eliminated from the sample. Cases missing any one of the other indicators (i.e., educational status or political status) were also eliminated.

7. The *Mothers' Index* was calculated as a weighted average of women's health status (29 percent), maternal educational status (29 percent), children's well being (30 percent) and maternal political status (12 percent). The scores on the Mothers' Index were ranked.

NOTE: Data exclusive to mothers are not available for many important indicators (e.g. literacy rate, government positions held). In these instances, data on *women's* status have been used to approximate maternal status, since all mothers are women. In areas such as health, where a broader array of indicators are available, the index emphasizes indicators that address uniquely maternal issues.

8. Data analysis was conducted using Microsoft Excel software.

The Mothers' Index *Indicators*

The six indicators of women's well-being are:

- **Lifetime risk of maternal mortality.** A woman's risk of death in childbirth over the course of her life is a function of many factors, including the number of children she has and the spacing of the births, as well as the conditions under which she gives birth and her own health and nutritional status. During conflict, women are more likely to give birth under difficult conditions, increasing the chance of complications and even death. During or after conflict, women may also be pressured into "revenge" or "nationalist" fertility, that is, having more children than they would otherwise, to replace lives lost in the conflict.

- **Percent of women using modern contraception.** Access to family planning resources, including modern contraception, allows women to plan their pregnancies. This helps ensure that the mother is physically and psychologically prepared to give birth and care for her child. Few women would choose to give birth under war or refugee conditions. Unfortunately, conflict is likely to disrupt health services and supplies of contraceptives.

- **Percent of births attended by trained personnel.** The presence of a trained attendant (such as a physician, nurse, midwife or health care worker trained in midwifery skills) at a birth reduces the likelihood of both maternal and infant mortality. The attendant can help create a hygienic environment and recognize complications that require urgent medical care. In many parts of the developing world, women have little or no access to local health services. Conflict may reduce those services even more or eliminate them altogether, especially in outlying areas. Conflict also makes it risky for women to travel greater distances to receive care.

- **Percent of pregnant women with anemia.** Poor nutritional status puts pregnant women and their children at risk for complications during birth, and makes them more susceptible to other types of illness. Anemia reflects nutritional deficiencies and possible malaria. During conflict, securing adequate and nutritious food, vitamin supplements, and prenatal care may be difficult, if not impossible, especially for displaced women.

- **Adult female literacy rate.** Educated women are more likely to be able to earn a livelihood and support their families. They are also more likely than uneducated women to ensure their children attend school. In conflict situations, they may take innovative approaches, such as home-based schools, to ensure that their children receive

an education. Literacy and education are also resources women can draw on in post-conflict situations when securing employment is often a major challenge.

- **Participation of women in national government**. Frequently in times of conflict, democratic institutions are suspended. When women have a voice in public institutions, they can participate directly in the peace and rebuilding processes, and advocate for issues of particular importance to women and children.

The four indicators of children's well-being are:

- **Infant mortality rate.** The infant mortality rate – the number of infant deaths per 1,000 live births – is likely to increase dramatically in conflict situations where mothers may receive little or no prenatal care and give birth under difficult circumstances, and children may not receive adequate nutrition, vaccinations, or treatment for common childhood illnesses.

- **Gross primary enrollment ratio**. School enrollment may plummet in war and conflict situations. Parents are often reluctant to let their children, especially daughters, travel long distances to school in unstable conditions. In full-blown conflict, schools may shut down completely, and in extreme conditions, children may be forced to participate in the fighting themselves. In protracted conflicts, basic education may be lost to an entire generation of children. Even if children do have a chance to resume their education, the disruption in their education and in their lives may lead to lower enrollment and attendance, and higher dropout rates.

- **Percent of population with access to safe water**. Safe water is essential to life and good health. Families need an adequate supply for drinking, as well as cooking and washing. Conflict may destroy a country's infrastructure, reducing access to this essential resource. In other cases, people must travel longer distances at great personal risk to secure water. In some post-conflict countries, women and children make up a disproportionate number of land mine victims, because they must cross potential mine fields to fetch water from far away sources.

- **Percent of children under 5 suffering from moderate or severe nutritional wasting**. Poor nutrition affects children in many ways, including making them more susceptible to a variety of illnesses and impairing their cognitive development. In conflict situations, food production is often disrupted. There may be no labor force (because men are fighting); it may be unsafe to work in the fields due to fighting or land mines; and transportation lines may be disrupted. Furthermore, women and children make up the majority of displaced persons, and refugee women may find it extremely difficult to provide adequate nutritious food for their children without land or an income.

51

Countries in Conflict: *Defining the Terms*

State of the World's Mothers 2003 focuses on over 50 "countries in conflict" and "conflict zones" that are either currently experiencing armed hostilities or that have recently endured them. This list was identified through a review of literature and in consultation with members of the Save the Children staff. The definition of conflict was adapted from the Stockholm International Peace Research Institute's *SIPRI Yearbook 2002: Armaments, Disarmament and International Security*:

> *The site of prolonged combat between military forces of two or more governments or of one government and at least one organized armed group, incurring battle-related deaths of at least 1,000 people in one year during the 1990-2003 period.*

Forty-three of the countries in conflict identified in this report were listed in the SIPRI yearbook. Seven additional countries were added based on new information published in the *Journal of Peace Research* which has re-analyzed historic data to capture finer gradations of "conflict" and identify conflicts at the more sensitive level of 25 battle-related deaths in one year.[9]

Although it is not identified by either study, Côte d'Ivoire has been added to the list of conflict countries for this report due to the recent escalation of conflict in that country. Bosnia and Herzegovina has likewise been added due to its significant history of conflict. And Mozambique and Nicaragua were added due to the significant impact of long-running conflicts that were still active during the 1900-2003 period. Because armed hostilities are often chronic and cyclical in nature – and the damage war does to families and communities lasts for years after guns have been put down – the *State of the World's Mothers* does not distinguish between "in-conflict" and "post-conflict" countries.

Endnotes

[1] Human Rights Watch. *Stop the Use of Child Soldiers: Facts about Child Soldiers.* http://www.hrw.org/campaigns/crp/index.htm

[2] Walker, Anne. *IWCT Globalnet: A Fact Sheet on Women and Armed Conflict.* October 23, 2002

[3] UNFPA. *Reproductive Health for Communities in Crisis: UNFPA Emergency Response (2001).* http://www.unfpa.org/modules/intercenter/crisis/crisis_eng.pdf

[4] Machel, Graça. *The Impact of War on Children.* (Palgrave: New York: 2001) p.1

[5] Machel, Graça. "Healing Minds as Well as Bodies," *The Impact of Armed Conflict on Children.* http://www.unicef.org/graca/psychol.htm

[6] UNHCR. *Refugees by Numbers 2002.* http://www.unhcr.ch

[7] Rehn, Elizabeth and Ellen Johnson Sirleaf. *Women, War and Peace: The Independent Experts' Assessment on the Impact of Armed Conflict on Women and Women's Role in Peace-building.* (UNIFEM: New York: 2002) p.9

[8] Médecins Sans Frontières. *The Ten Most Underreported Humanitarian Crises of 2001.* http://www.msf.org/content/page.cfm?articleid=7B5D6023-75EA-415A-80CC71C8E6B90DCF

[9] McKay, Susan and Dyan Mazurana. "Girls in Militaries, Paramilitaries and Armed Opposition Groups," *War-Affected Children.* http://www.waraffectedchildren.gc.ca/girls-e.asp

[10] Rehn, Elizabeth and Ellen Johnson Sirleaf. *Women, War and Peace: The Independent Experts' Assessment on the Impact of Armed Conflict on Women and Women's Role in Peace-building.* (UNIFEM: New York: 2002) p.9

[11] See for example: Human Rights Watch, *World Report 2001,* http://www.hrw.org/wr2k1/children/child2.html; Amnesty International reports, http://www.amnesty.org; Coalition to Stop the Use of Child Soldiers reports, www.child-soldiers.org; and "UNICEF Head Urges Maoists to Halt Use of Child Soldiers," *UN Wire,* (United Nations Foundation: New York: February 5, 2003)

[12] Rehn, Elizabeth and Ellen Johnson Sirleaf. *Women, War and Peace: The Independent Experts' Assessment on the Impact of Armed Conflict on Women and Women's Role in Peace-building.* (UNIFEM: New York: 2002) p.11

[13] As told to a Save the Children USA staff member in Nepal

[14] As told to a Save the Children USA staff member in Guinea

[15] Human Rights Watch cited by Anne Marie Aikins in "Suffer the Children: The Aftermath of War in Sierra Leone," *WORD Magazine,* http://www.wordmag.com/Features/Feature_2003.02_War_Child.HTM

[16] Nakashima, Ellen. "Burma's Child Soldiers Tell of Army Atrocities," *The Washington Post,* February 10, 2003

[17] Save the Children UK. *War Brought Us Here: Protecting Children Displaced Within Their Own Countries by Conflict: Summary.* (London: 2000) p.15

[18] Save the Children USA/UK. "Feelings from the Heart," *WARNA: Working With Indonesia's Children,* July 2002

[19] UNHCR and Save the Children UK. *Sexual Violence & Exploitation: The Experience of Refugee Children in Guinea, Liberia and Sierra Leone.* February 2002

[20] Médecins Sans Frontières. *Populations Affected by War in the Mano River Region of West Africa: Issues of Protection.* May 2002. http://www.msf.org/source/downloads/2002/westafrica

[21] Afrol. *Gender Profiles: Angola.* http://www.afrol.com/Categories/Women/profiles/angola_women.htm

[22] Save the Children UK. *War Brought Us Here: Protecting Children Displaced Within Their Own Countries by Conflict: Summary.* (London: 2000) p.8

[23] Report of the Secretary-General on the Situation on Burundi (S/2002/1259)

[24] Human Rights Watch. *Burundi: Civilians Pay the Price of Faltering Peace Process* (New York: 2003) and *Burundi: Escalating Violence Demands Attention* (New York: 2003).

[25] Matheson, Ishbel. "DR Congo's Women in the Frontline," *BBC News.* November 6, 2002. http://news.bbc.co.uk/2/hi/africa/2405563.stm

[26] Human Rights Watch. *Reluctant Recruits: Children and Adults Forcibly Recruited for Military Service in North Kivu.* (New York: 2001) p.11

[27] Human Rights Watch. *We'll Kill You If You Cry: Sexual Violence in the Sierra Leone Conflict.* (New York: 2003)

[28] Human Rights Watch. *Stop the Use of Child Soldiers: Facts about Child Soldiers.* http://www.hrw.org/campaigns/crp/index.htm

[29] Walker, Anne. *IWCT Globalnet: A Fact Sheet on Women and Armed Conflict.* October 23, 2002

[30] UNFPA. *Reproductive Health for Communities in Crisis: UNFPA Emergency Response (2001).* http://www.unfpa.org/modules/intercenter/crisis/crisis_eng.pdf

[31] Chase, Rob. "Healing and Reconciliation for War-Affected Children and Communities: Learning from the Butterfly Garden of Sri Lanka's Eastern Province," *International Conference on War-Affected Children.* September 2000. http://www.waraffectedchildren.gc.ca/sri_lanka-en.asp

[32] Ibid.

[33] Physicians for Human Rights. *Women's Health and Human Rights in Afghanistan: A Population-Based Assessment, 2001*; cited in: Parasuram, T.V., "Women in Afghanistan Suffer from Depression," *The Times of India,* November 6, 1998. http://www.rawa.org/women6.htm

[34] Ward, Jeanne. *If Not Now, When? Addressing Gender-Based Violence in Refugees, Internally Displaced and Post Conflict Settings.* (Reproductive Health for Refugees Consortium: 2003) p.62

[35] Human Rights Watch. "Women's Human Rights: Women in Conflict and Refugees," *World Report 2001,* http://www.hrw.org/wr2k1/women/women3.html

[36] Human Rights Watch. "Women's Human Rights: Women in Conflict and Refugees," *World Report 2001,* http://www.hrw.org/wr2k1/women/women3.html

[37] The current data set relies largely on the work of NGOs that have carried out assessments and surveys in the conflict areas or refugee/IDP camps where they work. There is also research by UN agencies and in some academic literature. For some conflicts, the protection issues are well documented but in other cases, there simply are no estimates of the scale of human suffering.

[38] International Committee of the Red Cross. *Burundi: Traditional Midwives Assist Women Victims of Violence.* http://www.icrc.org/Web/Eng/siteeng0.nsf/iwpList232/8AB0936886B1929AC1256CE10035F10C

[39] Inter-Agency Standing Committee. *Growing the Sheltering Tree: Protecting Rights through Humanitarian Action.* (Geneva: 2002) p.134

[40] USAID. *Helping Children Outgrow War.* Vachel W. Miller and Friedrich W. Affolter, eds. Technical Paper No. 116, PN-ACP-892. (Washington: June 2002) pp.28-32

[41] Inter-Agency Standing Committee. *Growing the Sheltering Tree: Protecting Rights through Humanitarian Action.* (Geneva: 2002) p.163

[42] Ibid, pp.138-139

[43] UNHCR, cited in *The Refugee Experience: Psychosocial Training Module.* Loughry, M. and Ager, A., eds. (Oxford: Refugee Studies Centre: 2001 Rev.Ed.) http://earlybird.qeh.ox.ac.uk/rfgexp/rsp_tre/student/gender/gen_01.htm

[44] Women's Commission for Refugee Women and Children. *Dr. Cynthia: A Crusader for Health Care for Refugees and the Displaced.* http://www.womenscommission.org/archive/00/articles/maung.html

[45] Women's Commission for Refugee Women and Children. *UNCHR Policy on Refugee Women and Guidelines on their Protection: An Assessment of Ten Years of Implementation.* (New York: May 2002) p.22

[46] The category "developed nations" includes 11 industrialized countries and 8 countries from the Central and Eastern European, Baltic States or the Commonwealth of Independent States, including Belarus, Bulgaria, Czech Republic, Hungary, Republic of Moldova, Romania, Ukraine and the Russian Federation. The remaining countries from Central and Eastern European, Baltic States, or the Commonwealth of Independent States are classified as "developing countries" in accordance with the classification used in UNICEF's *The State of the World's Children 2003.*

[47] World Health Organization. *Revised 1990 Estimates of Maternal Mortality: A New Approach by WHO and UNICEF.* (Geneva: 1996)

[48] Center for Population, Health and Nutrition, U.S. Agency for International Development. *Family Planning Saves Women's Lives.* (Washington: November 2001) p.1

[49] Gleditsch, Nils Petter, et. al., "Armed Conflict 1946-2001: A New Dataset," *Journal of Peace Research,* Volume 39:5. (Sage Publications: London, Thousand Oaks, CA and New Delhi: 2002) pp.615-637

Credits

Associate Vice President, Public Affairs and Communications
Dianne Sherman

Managing Editor/Writer
Tracy Geoghegan

Research Directors
Beryl Levinger, Jean Mulroy

Principal Advisors
Neil Boothby, Mary Beth Powers, Rudy von Bernuth

Contributors
Tom Alcedo, Seema Baral, Jo De Berry, Rebecca Cole, Bharat Devkota, Vera Hollander, Alphinus Kambodji, Mike Kiernan, Christine Knudsen, Bob Laprade, Keith Leslie, Alisha Lumea, Laurel MacLaren, Udaya Manandhar, Ibrahim Masri, Kristy McKinnroe, Carol Miller, Jennifer Moorehead, Diana Ohlbaum, Nilgun Ogun, Samantha Salcedo, Sarah Spencer, Ann Van Dusen, Mattito Watson

Administrative Coordination
Beth Schless

Design
Spirals, Inc.

Photo Editor
Susan Warner

Photo Credits
Cover – Martin Adler/Panos Pictures
Afghanistan. Young refugee girl and her family after fleeing fighting in Kabul

Inside cover – Hussein Malla/AP
Iraq. Girl suffering from leukemia lies in a hospital bed in Baghdad with her mother sitting by

Page 1 – R. Lemoyne/UNHCR
Macedonia. Refugees from Kosovo. Many were forced to leave their homes within minutes, often with little more than the clothes they wore

Page 2 – Susan Warner

Page 3 (top) – Courtesy of the Kim Foundation

Page 3 (bottom) – Nick Ut/AP. Courtesy of the Kim Foundation
Vietnam. Pulitzer Prize winning 1972 photo of children fleeing a napalm attack on a village outside Saigon

Page 4 – Frits Meyst/Panos Pictures
Iraq. Kurdish family near their home in Mawat

Page 5 – Farah Janjua
Pakistan. Afghan refugee girls at school in the Surkhab camp

Page 6 – S. Mann/UNHCR
Uganda. Sudanese refugees flee the Achol-Pii camp after a bloody attack by a rebel group

Page 8 – Michael Bisceglie
Mozambique. Woman and her 1-year-old baby who benefit from Save the Children health care programs in Memba, a town devastated by war

Page 9 – Mueller/UNHCR
Sudan. Ethiopian refugee mother and child

Page 10 (top) – Chris George
Iraq. Portrait of a young boy

Page 10 (bottom) – A. Hollmann/UNHCR
Iran. Afghan refugees in the Shamsabad settlement

Page 11 – R. Chalasani/UNHCR
Albania. Refugees from Kosovo in a makeshift shelter

Page 12 – John Isaac/UN
Iraq. Young children from the Howr Al-Hammar area in southern Iraq

Page 13 – S. Mann/UNHCR
Uganda. Sudanese refugee girl who survived a rebel attack is transferred to another camp

Page 15 (top) – Martin Adler/Panos Pictures
El Salvador. 13-year-old guerilla fighter whose nomme de guerre is Eve

Page 15 (bottom) – A. Hollmann/UNHCR
Croatia. Woman returns to her devastated house

Page 16 (top) – C. Shirley/UNHCR
Pakistan. Afghan refugee at Jalozai camp carries water to her tent

Page 16 (bottom) – International Rescue Committee
Rwanda. A mother and son are reunited

Page 17 – Richard Lord
Afghanistan. Young mother is vaccinated at a Save the Children-supported health center in Andkhoy

Page 18 – International Rescue Committee
Afghanistan.

Page 18 – Gary Shaye
Angola. Children whose lives are affected every day by land mines

Page 18 – Ricardo Mazalan/AP
Burundi. A girl sits outside her hut in a camp for displaced people near Bujumbura

Page 18 – A. Hollmann/UNHCR
Democratic Republic of the Congo. Rwandan refugee watches over her grandchildren

Page 19 (top) – Sarah Spencer/Women's Commission for Refugee Women and Children
Sierra Leone. Girls and babies in Tombo

Page 19 (bottom) – B. Betzelt/UNHCR
Kosovo. Macedonian women clutch their children as they walk a mountain pass on their return from Kosovo

Page 21 – Dan Chung/AP
Iraq. Families cross a bridge to leave Basra in southern Iraq

Page 22 – Adil Bradlow/AP
Zaire. Save the Children worker records information from Rwandan refugees before evacuation from Kisangani

Page 26 – Dan Chung/AP
Iraq. A young girl leaves Basra in southern Iraq on March 30, 2003

Page 27 – P. Bentar/UNHCR
Afghanistan. A girl in Kabul has returned to school after many years' absence

Page 28 (top) – Bill Foley
West Bank. Boys play in damaged buildings in Nablus

Page 28 (bottom) – Farah Janjua
Pakistan. Afghan refugee girl reads a book provided by Save the Children

Page 29 – Mattito Watson
Guinea. Refugee girls from Sierra Leone in a Save the Children workshop to prevent sexual exploitation

Page 30 – Michael Bisceglie
Myanmar. Children at play in a Save the Children education program

Page 32 – Mani Lama
Nepal. An 18-year-old war widow and her 2-year-old son

Page 34 (top) – Daque Clark
Iraq. Kurdish refugee mother and child

Page 34 (bottom) – C. Shirley/UNHCR
Kenya. Somali refugees are displaced once again when the Tana River floods the Dadaab camps

Page 36 – Richard Lord
Afghanistan. Mother and child visit a Save the Children-supported well-baby clinic in Andkhoy

Page 37 – L. Jackson/UNHCR
Guinea. Refugees from Sierra Leone

Page 41 (top) – Michael Bisceglie
Mozambique. Save the Children health worker talks to a mother about her baby

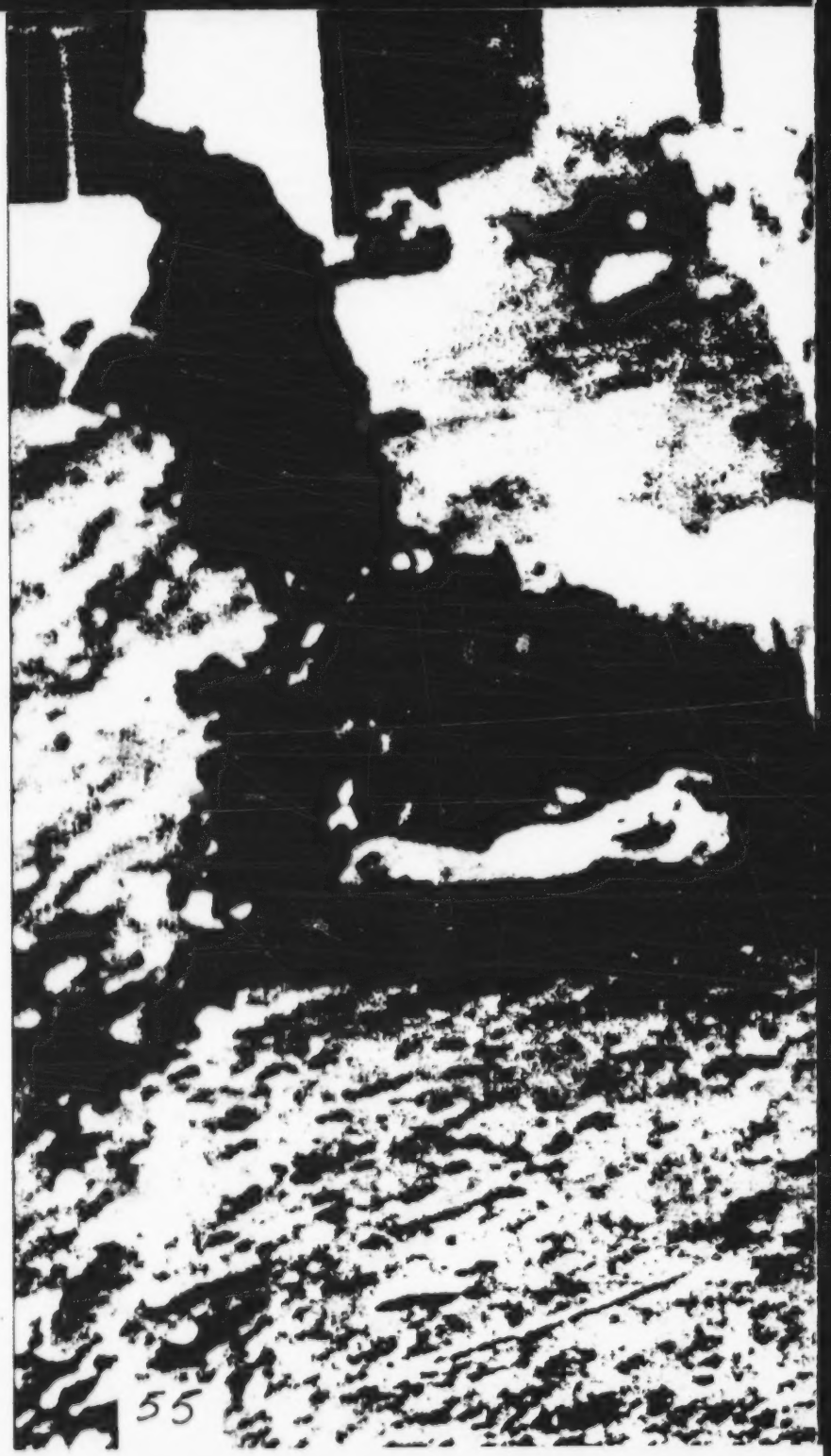
Page 41 (bottom) – Thomas L. Kelly
Nepal. A newborn, ill from pneumonia, is examined by a doctor

Page 42 (top) – Farah Janjua
Pakistan. 14-year-old Adeela, a refugee from Afghanistan, teaches second grade in the morning and attends eighth grade classes in the afternoon at a school supported by Save the Children

Page 42 (bottom) – R. Chalasani/UNHCR
Tanzania. Rwandan refugee returning from Ngara region

Page 43 – Adil Bradlow/AP
Zaire. Aid workers from Save the Children and UNHCR carry two children found on the side of the road outside the Biarro refugee camp

"All wars, just or unjust, disastrous or victorious, are waged against the child." –*Eglantyne Jebb, founder of Save the Children, 1919*



Save the Children.

54 Wilton Road
Westport, Connecticut 06880
1.800.728.3843
www.savethechildren.org

To learn more about our programs helping women and children around the world, or about our *One World, One Wish* campaign to protect women and children in armed conflict, go to: www.savethechildren.org

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

NOTICE

Reproduction Basis

[X] This document is covered by a signed "Reproduction Release (Blanket)" form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.

[ ] This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").

p2 031239